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ADMINISTRATIVE  
REVIEW BOARD

## UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF ILLINOIS, NORTHERN DISTRICT DIVISION

DEANDRE CRAWFORD,

Plaintiff,

v.

DR. ANGUINALDO, C/O ANASTACIO, C/O  
CANNAHAN, C/O RAGUSA, CHIEF  
ENGINEER DOLY, C/O DANALWHICH, L.  
DIAZ, LT. BENNETT, LT. BURKBILE, LT. MR.  
GIVENS, SGT. CARROLL, SGT. HART, SGT.  
HEPLIN, SGT. WHITFIELD, WARDEN  
PFISTER, DR. SALAH OBAISI, and WEXFORD  
HEALTH SOURCES, INC. (nominal defendant),

Defendants.

Civil Action No. 18-cv-4882

(If the action is pending in another district,  
state where)SUBPOENA TO PRODUCE DOCUMENTS, INFORMATION, OR OBJECTS  
OR TO PERMIT INSPECTION OF PREMISES IN A CIVIL ACTION

TO: Via Email: DOC.ARBLegalReg@illinois.gov

Illinois Department of Corrections

Attn: Administrative Review Board

1301 Concordia Court

P.O. Box 19277

Springfield, Illinois 62794-9277

☒ **Production:** YOU ARE COMMANDED to produce at the time, date, and place set forth below the following documents, electronically stored information, or objects, and permit their inspection, copying testing, or sampling of the material: **Complete and unabridged copies of all documents relative to grievances filed by Deandre Crawford, (IDOC # M30080 ) (DOB:2/2/1979) (See HIPAA Order Attached.)**

Place:

Cassiday Schade LLP  
222 W. Adams St. Suite 2900  
Chicago, IL 60606

Date and Time:

March 18, 2019 at 4:00 p.m.

☐ ~~**Inspection of Premises:** YOU ARE COMMANDED to permit entry onto the designated premises, land, or other property possessed or controlled by you at the time, date, and location set forth below, so that the requesting party may inspect, measure, survey, photograph, test, or sample the property or any designated object or operation on it.~~

Place:

Date and Time:

The provisions of Fed. R. Civ. P. 45(c), relating to your protection as a person subject to a subpoena, and Rule 45 (d) and (e), relating to your duty to respond to this subpoena and the potential consequences of not doing so, are attached.

ARB - Crawford 000001

Date: February 8, 2019

CLERK OF COURT

\_\_\_\_\_  
*Signature of Clerk or Deputy Clerk*

OR

/s/Joseph J. Lombardo

\_\_\_\_\_  
*Attorney's Signature*

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The name, address, e-mail, and telephone number of the attorney representing (*name of party*) LIDIA DIAZ, R.N., and  
EVARISTO AGUINALDO, M.D., who issues or requests this subpoena, are: Joseph J. Lombardo, Cassiday Schade LLP,  
222 West Adams Street, Suite 2900, Chicago, IL 60606, (312) 641-3100, jlombardo@cassiday.com.

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**Notice to the person who issues or requests this subpoena**

If this subpoena commands the production of documents, electronically stored information, or tangible things or the inspection of premises before trial, a notice and a copy of the subpoena must be served on each party in this case before it is served on the person to whom it is directed. Fed. R. Civ. P. 45(a)(4).

Civil Action No. 18-cv-4882

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 45.)*

This subpoena for (name of individual and title, if any) \_\_\_\_\_ was received by me on (date) \_\_\_\_\_.

☒ I served the subpoena by mailing via certified mail, return receipt requested, No. 7018 1830 0001 6392 7556 a copy to the named person as follows: **Illinois Department of Corrections, Attn: Administrative Review Board, 1301 Concordia Court, P.O. Box 19277, Springfield, Illinois 62794-9277** on (date) February 8, 2019; or

☐ I returned the subpoena unexecuted because: \_\_\_\_\_

~~Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also tendered to the witness fee or one day's attendance, and the mileage allowed by law, in the amount of \$\_\_\_\_\_.~~

My fees are \$\_\_\_\_\_ for travel and \$\_\_\_\_\_ for services, for a total of \$\_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: February 8, 2019

/s/Beverly Korito-Weeks

Server's Signature

Beverly Korito-Weeks

Printed Name and Title

222 W. Adams St. Suite 2900, Chicago, IL 60606

Server's Address

Additional information regarding attempted service, etc:

## Federal Rule of Civil Procedure 45 (c), (d), and (e) and (g) (Effective 12/1/13)

### (c) Place of Compliance.

(1) *For a Trial, Hearing, or Deposition.* A subpoena may command a person to attend a trial, hearing, or deposition only as follows:

(A) within 100 miles of where the person resides, is employed, or regularly transacts business in person; or

(B) within the state where the person resides, is employed, or regularly transacts business in person, if the person

(i) is a party or a party's officer; or

(ii) is commanded to attend a trial and would not incur substantial expense.

(2) *For Other Discovery.* A subpoena may command:

(A) production of documents, electronically stored information, or tangible things at a place within 100 miles of where the person resides, is employed, or regularly transacts business in person; and

(B) inspection of premises at the premises to be inspected.

### (d) Protecting a Person Subject to a Subpoena; Enforcement.

(1) *Avoiding Undue Burden or Expense; Sanctions.* A party or attorney responsible for issuing and serving a subpoena must take reasonable steps to avoid imposing undue burden or expense on a person subject to the subpoena. The court for the district where compliance is required must enforce this duty and impose an appropriate sanction - which may include lost earnings and reasonable attorney's fees - on a party or attorney who fails to comply.

(2) *Command to Produce Materials or Permit Inspection.*

(A) *Appearance Not Required.* A person commanded to produce documents, electronically stored information, or tangible things, or to permit the inspection of premises, need not appear in person at the place of production or inspection unless also commanded to appear for a deposition, hearing, or trial.

(B) *Objections.* A person commanded to produce documents or tangible things or to permit inspection may serve on the party or attorney designated in the subpoena a written objection to inspecting, copying, testing, or sampling any or all of the materials or to inspecting the premises - or to producing electronically stored information in the form or forms requested. The objection must be served before the earlier of the time specified for compliance or 14 days after the subpoena is served. If an objection is made, the following rules apply:

(i) At any time, on notice to the commanded person, the serving party may move the court for the district where compliance is required for an order compelling production or inspection.

(ii) These acts may be required only as directed in the order, and the order must protect a person who is neither a party nor a party's officer from significant expense resulting from compliance.

(3) *Quashing or Modifying a Subpoena.*

(A) *When Required.* On timely motion, the court for the district where compliance is required must quash or modify a subpoena that:

(i) fails to allow a reasonable time to comply;

(ii) requires a person to comply beyond the geographical limits specified in Rule 45(c);

(iii) requires disclosure of privileged or other protected matter, if no exception or waiver applies; or

(iv) subjects a person to undue burden.

(B) *When Permitted.* To protect a person subject to or affected by a subpoena, the court for the district where compliance is required may, on motion, quash or modify the subpoena if it requires:

(i) disclosing a trade secret or other confidential research, development, or commercial information; or

(ii) disclosing an unretained expert's opinion or information that does not describe specific occurrences in dispute and results from the expert's study that was not requested by a party.

(C) *Specifying Conditions as an Alternative.* In the circumstances described in Rule 45(d)(3)(B), the court may, instead of quashing or modifying a subpoena, order appearance or production under specified conditions if the serving party:

(i) shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship; and

(ii) ensures that the subpoenaed person will be reasonably compensated.

### (e) Duties in Responding to a Subpoena.

(1) *Producing Documents or Electronically Stored Information.* These procedures apply to producing documents or electronically stored information:

(A) *Documents.* A person responding to a subpoena to produce documents must produce them as they are kept in the ordinary course of business or must organize and label them to correspond to the categories in the demand.

(B) *Form for Producing Electronically Stored Information Not Specified.* If a subpoena does not specify a form for producing electronically stored information, the person responding must produce it in a form or forms in which it is ordinarily maintained or in a reasonably usable form or forms.

(C) *Electronically Stored Information Produced in Only One Form.* The person responding need not produce the same electronically stored information in more than one form.

(D) *Inaccessible Electronically Stored Information.* The person responding need not provide discovery of electronically stored information from sources that the person identifies as not reasonably accessible because of undue burden or cost. On motion to compel discovery or for a protective order, the person responding must show that the information is not reasonably accessible because of undue burden or cost. If that showing is made, the court may nonetheless order discovery from such sources if the requesting party shows good cause, considering the limitations of Rule 26(b)(2)(C). The court may specify conditions for the discovery.

(2) *Claiming Privilege or Protection.*

(A) *Information Withheld.* A person withholding subpoenaed information under a claim that it is privileged or subject to protection as trial-preparation material must:

(i) expressly make the claim; and

(ii) describe the nature of the withheld documents, communications, or tangible things in a manner that, without revealing information itself privileged or protected, will enable the parties to assess the claim.

(B) *Information Produced.* If information produced in response to a subpoena is subject to a claim of privilege or of protection as trial-preparation material, the person making the claim may notify any party that received the information of the claim and the basis for it. After being notified, a party must promptly return, sequester, or destroy the specified information and any copies it has; must not use or disclose the information until the claim is resolved; must take reasonable steps to retrieve the information if the party disclosed it before being notified; and may promptly present the information under seal to the court for the district where compliance is required for a determination of the claim. The person who produced the information must preserve the information until the claim is resolved.

(g) *Contempt.*

The court for the district where compliance is required - and also, after a motion is transferred, the issuing court - may hold in contempt a person who, having been served, fails without adequate excuse to obey the subpoena or an order related to it.

For access to subpoena materials, see Fed. R. Civ. P. 45(a) Committee Note (2013).

**UNITED STATES DISTRICT COURT**  
NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

DEANDRE CRAWFORD,

Plaintiff,

v.

WEXFORD HEALTH SOURCES, INC., et al.,

Defendants.

Case Number 18-cv-4882

Judge Edmond E. Chang

**QUALIFIED PROTECTIVE ORDER PURSUANT TO HIPAA**

Pursuant to Rule 26(c) of the Federal Rules of Civil Procedure and 45 C.F.R. § 164.512(e)(1), the Court finds good cause for the issuance of a qualified protective order and ORDERS as follows:

1. The parties and their attorneys are hereby authorized to receive, subpoena and transmit "protected health information" pertaining to Plaintiff to the extent and subject to the conditions outlined herein.

2. For the purposes of this qualified protective order, "protected health information" shall have the same scope and definition as set forth in 45 C.F.R. § 160.103 and 164.501. Protected health information includes, but is not limited to, health information, including demographic information, relating to either (a) the past, present, or future physical and mental condition of an individual, (b) the provision of care to an individual, or (c) the payment for care provided to an individual, which identifies the individual or which reasonably could be expected to identify the individual.

3. All "covered entities" (as defined by 45 C.F.R. § 160.13) are hereby authorized to disclose protected health information pertaining to Plaintiff to attorneys representing the Plaintiff and Defendants in the above-captioned litigation.

4. The parties and their attorneys shall be permitted to use or disclose the protected health information of Plaintiff only for purposes of prosecuting or defending this action including any appeals of this case. This includes, but is not necessarily limited to, disclosure to their attorneys, experts, consultants, court personnel, court reporters, copy services, trial consultants, and other entities or persons involved in the litigation process of this case.

5. Prior to disclosing Plaintiff's protected health information to persons involved in this litigation, counsel shall inform each such person that Plaintiff's protected health information may not be used or disclosed for any purpose other than this litigation. Counsel shall take all other reasonable steps to ensure that persons receiving Plaintiff's protected health information do not use or disclose such information for any purpose other than this litigation.

6. Within 45 days after the conclusion of the litigation including appeals, the parties, their attorneys, and any person or entity in possession of protected health information received from counsel pursuant to paragraph four of this Order, shall return Plaintiff's protected health information to the covered entity or destroy any and all copies of protected health information pertaining to Plaintiff, except that counsel are not required to secure the return or destruction of protected health information submitted to the court.

7. This Order does not control or limit the use of protected health information pertaining to Plaintiff that comes into the possession of the parties or their attorneys from a source other than a "covered entity," as that term is defined in 45 C.F.R. § 160.103.

8. Nothing in this Order authorizes counsel for the Defendants to obtain medical records or information through means other than formal discovery requests, subpoenas, depositions, pursuant to a patient authorization, or other lawful process.

9. This Order does not authorize either party to seal court filings or court proceedings. The Court will make a good cause determination for filing under seal if and when the parties seek to file Plaintiff's protected health information under seal.

ENTER:

*Edmond E. Chang*

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Edmond E. Chang, District Court Judge

Dated:

*2-5-2019*

*all!*

Igrv Code	Hearing/Rec Date	Igrv Loc	Hearing Loc	Chair Code	Mail Code	Comments Field
DR	02/14/2019	STA	STA	SAJO	G	RGF; GRV# 7607 DR 12/3/2018 FOR 310 AND 313. PTF, OVER 30 DAYS FROM CAO SIK
CONDITIONS	01/23/2019	STA	STA	SHBE	G	GRV# 3635 ON NO HOT WATER IN SINK SINCE 4/9/18 & C/O SHARP DENIED SHOWE
GRIEV PROCESS	08/30/2018	STA	STA	SAJO	G	RGF; GRV DTD 7/2/2018. GRVS STATUS OF GRV #3635 CLAIMS THAT HE DID NOT RE
DR	03/06/2018	STA	STA	SAJO	G	RGF; GRV# 1239+1386. *NO WRITTEN GRV ATTACHED* INC# 201703490, DR 12/11/17.
PP	09/29/2017	STA	STA	SAJO	G	GRV #1788. GRVS MISSING PP UPON SEG RELEASE 5/25/17. MISSING FAN, RAZOR,
PROGRAM/JOB	08/25/2017	STA	STA	SAJO	G	GRV #1375. GRV DTD 4-19-17. GRVS BEING FIRED FROM HIS SOAP SHOP JOB. I/M S
MEDICAL	08/09/2017	STA	STA	SAJO	G	GRV# 1195; GRVS ONGOING ISSUE WITH ELNARGED PROSTRATE AND SHOULD NO
PP	08/09/2017	STA	STA	SAJO	G	GRV# 1073; GRVS TACT TEAM SHAKEDOWN IN 1/2017 OF INDUSTRIES & ITEMS MIS
BUSINESS/TRUS	04/03/2017	STA	STA	SAJO	G	GRV #197. GRVS HE WAS OVERCHARGED FOR COMMISSARY
CONDITIONS	03/02/2017	STA	STA	SAJO	G	GRV #3165. GRVS MATTRESS WAS TAKEN DURING SHAKEDOWN ON 7/12/16 AND H/
CONDITIONS	01/03/2017	STA	STA	SAJO	G	GRV #1283. DTD 2-21-16. GRVS SINK NOT WORKING IN CELL 408. PER GRV OFF SIN
RELIGION	01/03/2017	STA	STA	SAJO	G	GRV #323. GRVS SGT PANAZZO TOLD HIM TO REMOVE RELIOUS HEADGEAR 1/18/16
STAFF CONDUCT	01/03/2017	STA	STA	SAJO	G	GRV #784. DTD 1-24-16. GRVS SGT. PANNAZZO AND LT. BENNETT 1/20/16 DENIED HI
DR	12/21/2016	STA	STA	SHBE	G	RGF; GRV# 2069: IDR 3/17/16 (201601016). GRV IS DATED 3/25/16 & ARB ADDRESSE
DR	10/12/2016	STA	STA	SHBE	G	GRV# 1742: IDR'S (2) DATED 3/17/16 & 3/18/16 (1016 & 1028). GRV IS DATED 4/12/16 &
MEDICAL	09/28/2016	STA	STA	DEKN	G	GRV H175. CLAIMS HE DID NOT RECEIVE HIS A.M. MEDICATION ON 1/18/16, 1/19/16
MEDICAL	07/21/2016	STA	STA	SHBE	G	GRV# H199: HCU VISIT 1/18/16, DENTAL EXAM W/ DR. OBENHOUSER. GRV IS DATED
MEDICAL	07/21/2016	STA	STA	SHBE	G	GRV# H200: FILLING TX, FOLLOW-UP (DEC/2015). GRV IS DATED 1/15/16 & CLAIMS N
MEDICAL	07/21/2016	STA	STA	SHBE	G	GRV# H197: TX FOR PAIN 12/13/15. GRV IS DATED 12/16/15 & WRITES ON 12/11/15 TE
MEDICAL	05/18/2016	STA	STA	SAJO	G	GRV# 4836. GRVS NOT REC'V SEIZURE MEDS DEPAKOTE. FAILS TO CITE WHEN HE
MEDICAL	02/05/2016	STA	STA	SAJO	G	GRV #H643, GRVS DURING RAMADAN FAST HIS MEDICATION WAS NOT BROUGHT F
MEDICAL	02/04/2016	STA	STA	SAJO	G	GRV #H751; MED TX FOR PAIN IN BACK AND SHOULDER. GRVS HE WAS SEEN BY NI
MEDICAL	01/28/2016	STA	STA	SAJO	G	RGF; GRVS NEEDS FILLING IN HIS TOOTH. GRV DATED 12/17/15. NEED FAC RESPON
STAFF CONDUCT	11/17/2015	STA	STA	LEMC	G	RGF: GRV 1520; CO ALVAREZ 3/15/15. ARB RECEIVED 30 DAYS PTF OF CAO'S SIGNA
MEDICAL	05/29/2015	STA	STA	SAJO	G	GRV. # M229: GRIEVES NOT RECEIVING PROPER MED TX FOR BROKEN TOOTH WH
STAFF CONDUCT	04/07/2015	STA	STA	SAJO	G	GRV # 2483; INCIDENT 7/30/14 W/ C/O WALKER NOT ALLOWING HIM TO GO ON CALL
MEDICAL	04/06/2015	STA	STA	SAJO	G	GRV#'S M317+M319; CO-PAY OF 5/23/14 AND 6/5/14 FOR FOLLOW-UP TX FOR BROKE
DR	03/11/2015	STA	STA	SAJO	G	RGF GRV# 4229; DR 10/24/14 AND 2 MEDICAL CO-PAYS. MISSING FIRST PAGE OF G
PROGRAM/JOB	02/27/2015	STA	STA	SAJO	G	GRV # 2484; REMOVED FROM JOB 8/3/14. GRV IS DATED 8/4/14. CLAIMS IS DISCRIMI
MEDICAL	12/29/2014	STA	STA	SHBE	G	GRV# M257: REQUEST FOR DENTAL TX 5/16/14. GRV IS DATED THE SAME & I/M CLA
MEDICAL	12/19/2014	STA	STA	SHBE	G	GRV# 1844: SEIZURE CLINIC OF 4/22/14 & CLAIMS C/O WALKER WOULDN'T ALLOW F

Igrv Code	Hearing/Rec Date	Igrv Loc	Hearing Loc	Chair Code	Mail Code	Comments Field
RELIGION	12/19/2014	STA	STA	SHBE	G	RGF; GRV# 1181: HALAL DIET & REQUESTING ABOUT ONE SINCE AUG/2012. GRV IS
MEDICAL	04/14/2014	STA	STA	SAJO	G	RGF; (3) GRVS. GRVS PARTIAL WAS FINALLY MADE AND DENTIST REFUSED TO GIVI
STAFF CONDUCT	04/14/2014	STA	STA	SAJO	G	RGF; ALLEGES CO CARROLL WOULD NOT LET HIM TAKE IN HOUSE CALL PASS TO S

**Administrative Review Board  
Return of Grievance or Correspondence**

Offender: Crawford DeAndre M30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance: Facility Grievance # (if applicable) 7607 Dated: 12/10/18 or ☐ Correspondence: Dated: \_\_\_\_\_  
 Received: 2/11/19 Regarding: DR 12/3/18  
Date

The attached grievance or correspondence is being returned for the following reasons:

**Additional information required:**

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:  
 Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

**Misdirected:**

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

**No further redress:**

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_  
Date
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Sarah Johnson [Signature] 2/14/19  
Print Name Signature Date

## Type of Report:

☒ Disciplinary☐ Investigative

Offender Name:

CRAWFORD, ~~DEANDRE~~

DEANDRE

ID#:

M30080

Observation Date:

12/3/18

Approximate Time:

1100

☒ a.m.  
☐ p.m.

Location:

South Yard

Offense(s): DR 504:

310 Abuse of Privileges, 313 Disobeying A Direct Order

Observation: (NOTE: Each offense identified above must be substantiated.)

On the above date and approx time, Thed. R/Sgt. A. Carter #1909 gave A verbal order to lower, 118 to sound the horn and give A verbal order to clear yard at approx 1045AM. At approx 1100AM the R/Sgt cleared South Yard for clear I/M Crawford positive I.D. by state I.D. was given A direct order to exit the yard by this R/Sgt I/M30080. Refused to come off. Sub of Report

Witness(es):

Lt. Jacob a/c. Steward #13391

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

A. CARTER	4909	A. Carter	12/3/18	12:40	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m.
Reporting Employee (Print Name)	Badge #	Signature	Date	Time	

## Disciplinary Action:

Shift Review:

☐ Temporary Confinement☐ Investigative Status

Reasons:

Printed Name and Badge #

Shift Supervisor's Signature

Date

(For Transition Centers, Chief Administrative Officer)

Reviewing Officer's Decision:

☐ Confinement reviewed by Reviewing Officer

Comment:

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #

Reviewing Officer's Signature

Date

☒ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

Print Hearing Investigator's Name and Badge #

Hearing Investigator's Signature

Date

## Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

## Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

Offender's Signature

5103

ID#

Signature

Serving Employee (Print Name)

12/5/18

Badge #

855

☒ a.m.  
☐ p.m.

Date Served

Time Served

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

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ADMINISTRATIVE  
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B 08 50  
~~DISCHARGE~~

Grievance Officer's Report

Date Received: 12/24/18

Date of Review: 1/2/19

Grievance # (optional): 7607

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: DR – 201802962/1-STA

**Facts Reviewed:** Grievant was issued a DR for 310 and 313 on 12/3/18 and was found guilty and received one month each c grade, commissary restriction, and recreation restriction. He wants the disciplinary report expunged.

Grievance Officer finds that DR was reviewed and determined by the Adjustment Committee that they are reasonably satisfied of the offender's guilt. Grievance Officer cannot substantiate the incident occurred any other way than reported. DR upheld, disciplinary sanctions and procedures imposed are within max capacity.

**Recommendation:** Based upon a total review of all available information, it is recommended that grievance be DENIED. Unable to substantiate this incident occurred any other way than reported.

**Anna McBee, CCII**

Print Grievance Officer's Name

*Anna McBee*

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 1/4/19

☒ I concur

☐ I do not concur

☐ Remand

Comments:

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ADMINISTRATIVE  
REVIEW BOARD

*S. Miles*

Chief Administrative Officer's Signature

1/4/19  
Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*DeAndre Crawford*

Committed Person's Signature

M30080

ID#

1-29-19

Date

ILLINOIS DEPARTMENT OF CONNECTIONS  
OFFENDER'S GRIEVANCE

5427

Date: 12/16/18	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: STA		Facility where grievance issue occurred:

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☒ Disciplinary Report: 12-13-18  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):  
 ON 12-3-18 I was written a disciplinary program ticket for 310-abuse of privileges and 313-disobeying a direct order. While leaving the south yard myself and 3 other inmates were locked on the yard. Once I got to the gate Sgt. Carter came and lock the gate and refuse to allow me to leave the yard. I asked Sgt. Carter what he was on. He "Man, Lt. said to lock y'all on." However yard is not a privilege given to inmates. Pres. a

Relief Requested: \_\_\_\_\_

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 12-16-18  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (If applicable)</b>		
Date Received: 1/1/19	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
Print Counselor's Name	Counselor's Signature	Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: 1/1/19	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature	Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

Is a right provided by the Constitution. By law inmates are required to have X-amount of rec. and time out of their cells for exercise. So ~~therefore~~ this change of abuse of privileges does not apply in this case. And the 30 day yard denial is unjust and ~~unfair~~ should be voided.

J.B. Pritzker  
Governor



John Baldwin  
Acting Director

## The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender:

Crawford, Seandre

Jan. 23, 2019  
Date

ID#:

M30080

Facility:

Stateville

This is in response to your grievance received on 1/4/2019. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/20/18 Grievance Number: 3635 Griev Loc: Stateville

☐ Transfer denied by the Facility

☐ Dietary

☐ Personal Property

☐ Mailroom/Publications

☐ Assignment (job, cell)

☐ Commissary / Trust Fund

☒ Conditions (cell conditions, cleaning supplies, etc.) no Hot water since 4/9/18

☐ Disciplinary Report: Dated: Incident #

☒ Other no Sharp denied Shower 4/20/18

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_

☐ Denied, in accordance with DR504F, this is an administrative decision.

☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.

☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

☒ Other: Mixed. Hot water has been fixed: moot. Unsubstantiated Against staff: denied.

FOR THE BOARD:

S. Benton

Sherry Benton  
Administrative Review Board

CONCURRED:

John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden,

Stateville

Correctional Center

Crawford, Seandre

ID# M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

ARB - Crawford 000015

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B222

Grievance Officer's Report

Date Received: August 23, 2018

Date of Review: November 30, 2018

Grievance # 3635

Committed Person: DEANDRE CRAWFORD

ID#M30080

Nature of Grievance: CONDITIONS

Facts Reviewed: Grievant claims in a grievance written 4/20/18 that since 4/9/18 he has been without hot water in his cell. He asked the Unit Security staff about getting a shower after yard since they do not have hot water in the cell to wash up but was told no by C/O Sharp, Sgt. Bailey and an unnamed Lt. He further claims he has not been allowed to shower outside of his scheduled shower days, 3 days per week. He is requesting that is hot water be turned on.

Counselor Response: Per Chief Engineer, the issue with the hot water has been resolved. Per C/O Sharp, showers are not given after yard. - Counselor M. Ezell 8/14/18

Grievance Officer finds that per Chief Engineer the issue regarding no hot water in grievant cell has been resolved.

Per Sgt. Bailey offenders are not given showers upon request or after they return from yard. Offenders are only allowed access to the showers on their scheduled day, unless an offender has a special/medical shower permit.

Grievant by his own admission did receive his showers per Unit schedule.

RECEIVED  
JAN 04 2019  
ADMINISTRATIVE  
REVIEW BOARD

Recommendation: Based on a total review of all available information it is the recommendation of this Grievance Officer that this grievance be considered **MOOT**.

Colleen Franklin CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 12-3-18



I concur



I do not concur



Remand

Comments:

Walter Rich DW

Chief Administrative Officer's Signature

12-3-18

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision on offender records his C grade did end on officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

De Andre Crawford

Committed Person's Signature

M30080

ID#

12-23-18

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3822

Date: 4-20-18	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- ☐ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ ADA Disability Accommodation  
☐ Staff Conduct    ☐ Dietary    ☐ Medical Treatment    ☐ HIPAA  
☐ Transfer Denial by Facility    ☐ Transfer Denial by Transfer Coordinator    ☒ Other (specify): conditions  
☐ Disciplinary Report: \_\_\_\_\_ Date of Report \_\_\_\_\_ Facility where issued \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

We have been without hot water since 4-9-18. My cellmate was told by c/o Sharp that the Plumbers ~~were~~ said they didn't have the right piece to fix the sink. Both my cellmate and I have spoken to the staff in B-house to get our hot water fixed. We've spoken to c/o Sharp on 4-9, 4-10, 4-14, 4-20 on which Sharp acted with deliberate indifference denied me and my cellmate to shower after coming back from yard. I asked Sharp if my cellmate and I could get a shower because

Relief Requested: to have our hot water turned on

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Crawford \_\_\_\_\_ M30080 \_\_\_\_\_ 4/20/18  
 Offender's Signature ID# Date  
 (Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 5.7.18 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: PER THE CHIEF ENGINEER, THE ISSUE WITH THE HOT WATER HAS BEEN RESOLVED. PER C/O SHARP, SHOWERS ARE NOT GIVEN AFTER YARD.

M. Ezell \_\_\_\_\_ MEZELL CCI \_\_\_\_\_ 8.14.18  
 Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance  
☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

\_\_\_\_\_  
 Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

We don't have hot water. Sharp said, "Absolutely Not" and again on 4-23. We've spoken to Sgt. Baily on 4-14, 4-16, 4-21, ~~2-23~~ 4-23. We also spoke to the Lt. of B-house on 4-17, 4-23 and 4-24. We have yet to get our water fixed. Since ~~4-9-18~~ 4-9-18 while our hot water has been off we have not been allowed to shower outside of our scheduled days. Three times a week.

# Administrative Review Board Return of Grievance or Correspondence

Offender: Crawford DeAndre M30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance: Facility Grievance # (if applicable) 812918 Dated: 7/2/18 or ☐ Correspondence: Dated: 8/29/18  
 Received: 8/29/18 Regarding: Status of grv # 3635 on condition  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:  
 Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

## No further redress:

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on                      Date
- ☐ No justification provided for additional consideration.

Other (specify):

Per Counselor grv # 3635 was answered. Contact the grievance officer  
Sarah Johnson 8/30/18  
Print Name Signature Date

Completed by: Sarah Johnson

Print Name

Distribution: Offender  
 Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 3/2018)

ARB - Crawford 000019

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3635

Date: <u>7-2-18</u>	Offender: <u>DeAndre Crawford</u> (Please Print)	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify) _____	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
**Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
**Chief Administrative Officer**, only if **EMERGENCY** grievance.  
**Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):  
I put in grievance #3635 two months ago about the conditions of my cell 822 of B-House. We were without hot water for a period of weeks. However I have not received a reply, and it's been almost three months since I've submitted the grievance.

Relief Requested: \_\_\_\_\_

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7, 2, 18  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

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STATEVILLE C.C.  
JUL 05 2018  
BY: 1835

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AUG 29 2018  
ADMINISTRATIVE  
REVIEW BOARD

<b>Counselor's Response (if applicable)</b>	
Date Received: <u>7, 6, 18</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>GRIEVANCE #3635 WAS ANSWERED ON 8-14-18 ONCE A PROPER RESPONSE WAS OBTAINED FROM THE CHIEF ENGINEER REGARDING THE HOT WATER IN CELL B-822.</u>	
<u>M. Ezell</u> Print Counselor's Name	<u>M. Ezell CCI</u> <u>8, 14, 18</u> Counselor's Signature Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____	_____
Chief Administrative Officer's Signature	Date

**Administrative Review Board  
Return of Grievance or Correspondence**

Offender: Crawford De Andre M 30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance; Facility Grievance # (if applicable) 1239 + 1386 Dated: no doc 0046 or ☐ Correspondence: Dated: \_\_\_\_\_  
 Received: 2/28/18 Regarding: OR 12/11/17  
Date

The attached grievance or correspondence is being returned for the following reasons:

**Additional information required:**

- ☐ Provide your original written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal; if timely.
- ☐ Provide dates when incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:  
 Administrative Review Board, Office of Inmate Issues, 1301 Concordia Court, Springfield, IL 62794-9277

**Misdirected:**

- ☐ Contact your correctional counselor or Field Services regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property and medical issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns in a letter to: Illinois Prisoner Review Board, 319 E. Madison St., Suite A, Springfield, IL 62706

**No further redress:**

- ☐ Award of Earned Discretionary Sentence Credit is a discretionary administrative decision; therefore, this issue will not be addressed further.
- ☐ Administrative transfer denials are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ Administrative Review Board received the appeal 30 days past date of Chief Administrative Officer's decision; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_  
Date
- ☐ No justification provided for additional consideration.

Other (specify): No DOC 0046 attached as required.

Completed by: Sarah Johnson Sarah Johnson 3/6/18  
Print Name Signature Date

# Proof of Service

I DeAndre Crawford do hereby swear to the following: On Feb. 23, 2018, I have placed grievance officer's report #1239 + 1386 dated 1/8/18, in the Stateville Correctional Center Mail Service, To be mailed to the Administrative Review Board.

Respectfully

DeAndre Crawford

DeAndre Crawford #M30080

P.O. Box 112

Joliet, IL 60434

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B822

Grievance Officer's Report

Date Received: 12/27/17

Date of Review: 1/8/18

Grievance # (optional): 1239+1386

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: DR - 201703490/1-STA

**Facts Reviewed:** Grievant was issued a DR for 215 on 12/11/17 and was found guilty and received one month each c grade, segregation, and commissary denial. He wants the disciplinary report expunged.

Grievance Officer finds that according to the Adjustment Committee Summary, grievant stated he did refuse housing in an attempt to walk himself.

Grievance Officer finds that DR was reviewed and determined by the Adjustment Committee that they are reasonably satisfied of the offender's guilt. Grievance Officer cannot substantiate the incident occurred any other way than reported. DR upheld, disciplinary sanctions and procedures imposed are within max capacity.

**Recommendation:** Based upon a total review of all available information, it is recommended that grievance be DENIED. Unable to substantiate this incident occurred any other way than reported.

NO Doc 0047 attached.

Anna McBee, CCII

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Anna McBee

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received: 1/11/18

☒ I concur

☐ I do not concur

☐ Remand

Comments:

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FEB 28 2018

ADMINISTRATIVE  
REVIEW BOARD

Randy P. Potts

Chief Administrative Officer's Signature

1/11/18

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

1/29/18

Date



**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, De Andre  
Register # M30080  
Facility: Stateville

Date: 9/29/17

This is in response to your grievance received on 8/16/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 5/25/17 Grievance Number: 1788 Griev Loc: Sta

- |  |  |
|--|--|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator              | <input type="radio"/> Commissary                                       |
| <input type="radio"/> Dietary  | <input type="radio"/> Trust Fund                                       |
| <input checked="" type="radio"/> Personal Property <u>missing upon seg release 5/25/17</u> | <input type="radio"/> Conditions (cell conditions, cleaning supplies)  |
| <input type="radio"/> Mailroom/Publications  | <input type="radio"/> Disciplinary Report dated _____ Incident # _____ |
| <input type="radio"/> Assignment (job, cell) <u>(fan, razor, food)</u>                     | <input type="radio"/> Other _____                                      |

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.                                      | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: Unable to substantiate claim of missing items.

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Sta Correctional Center  
D. Crawford, Register No. M30080

cc: property, Stateville

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

7818

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 7/17/17

Date of Review: 8/04/17

Grievance #1788

Committed Person: Deandre Crawford

ID #: M30080

Nature of Grievance: Personal Property – Missing Local

**Facts Reviewed:** Offender claims on a grievance dated 5/25/17 that upon being released from segregation on 5/25/17 he discovered that the following items were missing:

1 Massey fan, 1 Optimus razor, 1 pkg F connectors, 2 super deluxe cable cords, 1 nail clipper, 1 laundry bag, 15 embossed envelopes, 16 bars Level 10 soap, 12 bottles soda, 4 boxes PopTarts, 10 honey buns, 3 boxes KoolAid, 2 pkg shredded chicken breast, 2 10 pk jelly, 5 pkg jalapeno tuna, 2 Little Debbie fudge rounds, 3 honey turkey sticks, 8 honey pepper turkey sticks, 2 bags Maxima coffee

Offender claims that he did not pack up his property prior to going to segregation. Offender requests the return of his property or to be reimbursed for same.

Counselor Dennis responded "Sgt. Pork stated he does not recall. X House did not have an inventory and offender Crawford did not provide one. Crawford was in seg 4/25/17 – 5/25/17 housed in XLW04."

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AUG 16 2017  
ADMINISTRATIVE  
REVIEW BOARD

Grievance Officer finds that no inventory sheets are available for review

**Recommendation:** Based upon a total review of all available information it is the recommendation of this Grievance Officer that this offender's grievance be **DENIED** due to lack of substantiation of missing property.

David Mansfield, CCII

Print Grievance Officer's Name

*David Mansfield, CCII*

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 8-4-17



I concur



I do not concur



Remand

Comments:

*Randy Offiste*

Chief Administrative Officer's Signature

8-4-17

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*De Andre Crawford*

Committed Person's Signature

M30080

ID#

8/10/17

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3818

Date: <u>5-25-17</u>	Offender: <u>Crawford DeAndre</u> (Please Print)	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

NATURE OF GRIEVANCE:

<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Disciplinary Report: <u>1</u> / <u>1</u> / <u>1</u> Date of Report			

RECEIVED  
STATEVILLE C.C.  
JUL 17 2017  
GRIEVANCE DEPARTMENT  
BY: 1788

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I was discharged from seg on today's date 5-25/17. Upon receiving my property I saw that my Massey fan was missing from my property. Sgt. Park noted that my fan was missing. After going through my property I found other items missing from my property. I was not allowed to pack my own property before being walked to seg. My three head optimum razor is missing. I have receipts and contracts for both my fan and razor. All my food was taken along with a few cosmetic.

Relief Requested: I would like my property returned or reimbursed for my lost items.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 5-25-17  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: <u>5-30-17</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Sgt Park stated he does not recall. I house did not have an inventory and offender Crawford did not provide one. Crawford was in seg 4/25/17-5/25/17 housed in New 04</u>		
<u>L. Dennis</u> Print Counselor's Name	<u>L. Dennis</u> Counselor's Signature	<u>7-15-17</u> Date of Response

EMERGENCY REVIEW

Date Received: <u>1</u> / <u>1</u> / <u>1</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance
		<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature		Date

Stateville Correctional Center  
Inmate Commissary Fund

Date: 4/7/2017 Time: 11:40am  
Ticket: 853757  
Batch: 0977150

Thumb Print:

M30080 Crawford, Deandre

2	Clear Security Flex Pen	.48
1	Cable Co-Ax 6 Ft. FFE	2.19
2	*Pickle Kasher, Hot & Di	1.50
4	Hawaiian Punch/Wyler's	4.96
1	Toothpaste, Colgate Gel	2.19
2	*Tuna, Light 7.1 oz	5.42
4	Level 10 Soap Fresh, Co	3.00
1	Deodorant Speed Stick	3.24
10	Individual Honey Buns	6.70
2	*Assorted Chips	2.48
1	Corn Chips, BBQ 12oz	1.69
2	*Granola Bars Assortme	4.76
2	Poptarts	2.94
10	Embossed Envelopes	5.80

Total Due: 47.35

X Crawford M30080  
(Signature)

Illinois Department of Corrections

Stateville Correctional Center  
Inmate Commissary Fund

Date: 2/6/2017 Time: 09:20am  
Ticket: 847579  
Batch: 0377226

Thumb Print:

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AUG 16 2017  
ADMINISTRATIVE  
REVIEW BOARD

M30080 Crawford, Deandre

12	Water (16.9oz)	3.72
3	*Nacho Cheese Chips 1	5.16
1	KAR'S Salted Peas	1.49
1	Maxima C, Columbus	2.36
4	Level 10 Soap Fresh, Co	3.00
2	Individual Honey Buns	1.34

Total Due: 17.07

X Crawford M30080  
(Signature)

Illinois Department of Corrections

Stateville Correctional Center  
Inmate Commissary Fund

Date: 4/21/2017 Time: 10:19am  
Ticket: 855598  
Batch: 1117229

Thumb Print:

Stateville Correctional Center  
Inmate Commissary Fund

Date: 3/22/2017 Time: 02:18pm  
Ticket: 852351  
Batch: 0817279

Thumb Print:

M30080 Crawford, Deandre

5	RC,Pepsi,Diet,Sunkist,B	4.95
1	Coffee, Maxima Brand C	2.44
1	Deodorant Speed Stick	3.03
1	Toothpaste, Colgate Gel	2.19
2	Old Fashion Hard Candy	2.88
1	Clippers, Nail	.38
1	Individual Snack Cakes	.67
2	Clear Security Flex Pen	.48
2	Jelly, Grape/Strawberry 1	4.26
1	Assorted Chips	1.27
1	CACTUS ANNIE'S Party	1.72
4	Soap, Next1 Sport/Moist	2.75

Total Due: 27.03

X Crawford, M30080  
(Signature)

Illinois Department of Corrections

M30080 Crawford, Deandre

2	Little Debbie Fudge Rou	3.22
8	Honey Pepper Turkey &	8.48
8	Butterball Honey Turkey	5.20
2	Poptarts	2.96
1	White Legal Pad	.79
1	Laundry Bag 24x36	4.38
1	Assorted Chips	1.28
5	Corn Chips, BBQ 12oz	8.45
2	Coffee, Maxima Brand C	4.88
4	Level 10 Soap Fresh,Co	3.00
4	Hawaiian Punch/Wyler's	4.96
1	Connector, 2-PK "F" Col	3.31
2	Cable SUPER DELUXE	15.00
2	Shredded Chicken Corn	7.98
4	Tuna, Light 7.1 oz	10.84
5	Tuna With Jalapenos	5.30
4	Sausage,Hot,Reg & Turf	7.52
12	RC,Pepsi,Diet,Sunkist,B	11.88
10	Embossed Envelopes	5.60
2	#10 BLANK Envelopes 1	.56
4	Assorted Candy 2.75 to	2.40

Total Due: 117.98

X [Signature] M30080  
(Signature)

Illinois Department of Corrections

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AUG 16 2017

ADMINISTRATIVE  
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS  
PERSONAL PROPERTY CONTRACT  
STATEVILLE CORRECTIONAL CENTER

NAME: Cawford CRAWFORD REGISTER NUMBER: M30080  
DATE ISSUED: 1/17/15 ISSUING STAFF: \_\_\_\_\_

<u>ITEM/DESCRIPTION (BRAND, MODEL#)</u>	<u>SERIAL #</u>	<u>DESCRIPTION</u>
<del>XXXXXXXXXX</del>	_____	_____
<del>XXXXXXXXXX</del>	_____	_____
<del>XXXXXX</del>	_____	_____
<del>XXXXXXXXXX</del>	_____	_____
RAZOR OPTIMUS CLEAR	_____	3-HEAD SHAVER
<del>XXXXXXXXXX</del>	_____	_____
<del>XXXX</del>	_____	_____
<del>XXXXXXXXXX</del>	_____	_____
<del>XXXXXXXXXX</del>	_____	_____
<del>XXXXXX</del>	_____	_____

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AUG 16 2017  
ADMINISTRATIVE  
REVIEW BOARD

**AUDIO-VISUAL ITEMS MUST BE USED WITH EARPLUGS OR HEADPHONES**

I understand by voluntary signing this permit, I agree to observe and follow all Illinois Department of Corrections rules and Stateville Correctional Center Institutional policies concerning the use, ownership, possession and transfer of the item(s) identified on this form. **SHOULD THIS ITEM(S) BE LOANED, SOLD, TRADED OR GIVEN TO ANOTHER INMATE, THE ITEM(S) WILL BE CONFISCATED, CLASSIFIED AS CONTRABAND AND DISPOSED OF IN ACCORDANCE WITH AD 05.01.112 - STORAGE/DISPOSAL OF CONTRABAND.**

**I AGREE THAT ANY AND ALL REPAIRS TO THIS ITEM WILL BE MADE AT MY EXPENSE. UPON MY RELEASE FROM THIS FACILITY, I SHALL TAKE THIS ITEM WITH ME, OR EXERCISE THE OPTION OF HAVING THE ITEM(S) MAILED TO A VALID ADDRESS AT MY OWN EXPENSE, OR DESTROYED IN ACCORDANCE WITH AD 05.01.112 - STORAGE/DISPOSAL OF CONTRABAND.**

INMATE'S NAME: Cawford Crawford REGISTER NUMBER: M30080

ILLINOIS DEPARTMENT OF CORRECTIONS  
PERSONAL PROPERTY CONTRACT  
STATEVILLE CORRECTIONAL CENTER

NAME: Crawford REGISTER NUMBER: M30080

DATE ISSUED: 12/27/14 ISSUING STAFF: \_\_\_\_\_

ITEM/DESCRIPTION (BRAND, MODEL#)

SERIAL #

DESCRIPTION

~~HEADPHONES~~

~~TELEVISIONS~~

~~RADIO~~

~~WALKMAN~~

~~RAZOR~~

~~TRIMMERS~~

FAN MASSEY

NONE

CLEAR

~~TYPEWRITER~~

~~OUTDOOR CAMP~~

~~JEWELRY~~

AUG 16 2017

ADMINISTRATIVE  
REVIEW BOARD

**AUDIO-VISUAL ITEMS MUST BE USED WITH EARPLUGS OR HEADPHONES**

I understand by voluntary signing this permit, I agree to observe and follow all Illinois Department of Corrections rules and Stateville Correctional Center Institutional policies concerning the use, ownership, possession and transfer of the item(s) identified on this form. **SHOULD THIS ITEM(S) BE LOANED, SOLD, TRADED OR GIVEN TO ANOTHER INMATE, THE ITEM(S) WILL BE CONFISCATED, CLASSIFIED AS CONTRABAND AND DISPOSED OF IN ACCORDANCE WITH AD 05.01.112 - STORAGE/DISPOSAL OF CONTRABAND.**

**I AGREE THAT ANY AND ALL REPAIRS TO THIS ITEM WILL BE MADE AT MY EXPENSE. UPON MY RELEASE FROM THIS FACILITY, I SHALL TAKE THIS ITEM WITH ME, OR EXERCISE THE OPTION OF HAVING THE ITEM(S) MAILED TO A VALID ADDRESS AT MY OWN EXPENSE, OR DESTROYED IN ACCORDANCE WITH AD 05.01.112 - STORAGE/DISPOSAL OF CONTRABAND.**

INMATE'S NAME: [Signature] REGISTER NUMBER: M30080

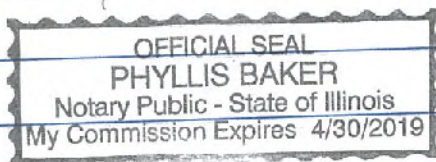
## Proof of Service

I DeAndre Crawford do swear under the penalty of perjury to the following: On Aug. 10, 2017 I have placed in the Stateville Correction Center's mail; grievance dated 5/25/17 StA# 1788, grievance officer's report dated 7/17/17 #1788, Optimus Razor Contract, Massey Fan Contract, Commissary receipts tickets, 85596, 853757, 852351, 847579. To be mail to the Administrative Review Board.

Respectfully  
DeAndre Crawford #130080  
DeAndre Crawford  
P.O. Box 112  
Joliet, IL 60434

Subscribed and sworn to before me  
this 10<sup>th</sup> day August, 2017

Phyllis Baker  
Notary Public



RECEIVED  
AUG 16 2017  
ADMINISTRATIVE  
REVIEW BOARD



**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, Deandre  
Register # M30080  
Facility: Stateville

Date: 8/25/17

This is in response to your grievance received on 6/21/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/19/17 Grievance Number: 1375 Griev Loc: Stateville

- |   |  |
|---|--|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator       | <input type="radio"/> Commissary                                       |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund                                       |
| <input type="radio"/> Personal Property   | <input type="radio"/> Conditions (cell conditions, cleaning supplies)  |
| <input type="radio"/> Mailroom/Publications   | <input type="radio"/> Disciplinary Report dated _____ Incident # _____ |
| <input checked="" type="radio"/> Assignment (job, cell) <u>Fired from work shop</u> | <input type="radio"/> Other  |

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.                                      | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: \_\_\_\_\_

FOR THE BOARD: Sarah Johnson CONCURRED: John R. Baldwin  
Sarah Johnson  
Administrative Review Board  
John R. Baldwin  
Acting Director 8/29/17

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

~~XLW04~~ B818

Grievance Officer's Report

Date Received: 5/19/17

Date of Review: 5/22/17

Grievance#1375

Committed Person: Deandre Crawford

ID #: M30080

Nature of Grievance: Program/Assignments - Job

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JUN 21 2017

ADMINISTRATIVE  
REVIEW BOARD

Facts Reviewed: On a grievance dated 4/19/17 offender claims that he was fired from his job assignment in the Soap Shop without cause. Offender claims that he was told by the Illinois Correctional Industries Supervisor that he was fired because he had left early on 4/18/17 and no one knew where he was. Offender claims that he explained to the supervisor that he attends the Further Learning class on Tuesdays and also had to get his medication. Offender claims that he told C/O Love that he had class. Offender claims that when he was going to lunch he asked C/O Baker, who was assigned to the Movement Team, if he could escort him to the Health Care Unit in order to get his medication and C/O Baker did so. Offender claims that upon leaving the Health Care Unit he was escorted back to the Dining Room. Offender claims that he asked Lt. Brown about getting an escort to his class and was told there was no escort officer available at that time and he was told to go back to the cell house. Offender claims that he went to the cell house and was told by the cell house Lt. that he could be taken to class after a tour group left the Unit. Offender claims that it was then too late to attend his class, staff knew where he was located and that he did not break any rules which would justify getting fired.

Counselor Dennis responded "Crawford M30080 was fired from Industries because of a letter written by the T.A. Superintendent D. Patten. A vote sheet was completed and approved by the Warden."

Grievance Officer finds that the issue was correctly addressed by the counselor. Per Institutional Directive 05.03.001K3 Offender Job Assignments, "Removal or reassignment shall be based upon matters including but not limited to, the offender's inability or incompetence in performing or completing the assignment, disciplinary reasons, the offender's request for an assignment change, staff recommendation, and security or administrative reasons."

**Recommendation:** Based upon a total review of all available information it is the recommendation of this Grievance Office that this offender's grievance be considered **DENIED** due to staff following proper procedure in regard to termination of offender's job assignment.

David Mansfield, CCII

Print Grievance Officer's Name

*David Mansfield, CCII*

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5-24-17

☒ I concur

☐ I do not concur

☐ Remand

Comments:

*[Signature]*  
Chief Administrative Officer's Signature

5-24-17  
Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*Deandre Crawford*  
Committed Person's Signature

M30080  
ID#

6/18/17  
Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

X LW04:01  
AB

Date: 4-19-17	Offender: (Please Print) <u>Andie Crawford</u>	ID#: M30080
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> <b>RECEIVED</b> <input type="checkbox"/> Prisoner's Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> <b>STATEVILLE</b> <input type="checkbox"/> Staff Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by	Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>assignment</u>
<input type="checkbox"/> Disciplinary Report: <u>1</u> / <u>1</u>	Date of Report	MAY 19 2017 1375	

BY: GRIEVANCE DEPARTMENT Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

- Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
- Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
- Chief Administrative Officer, only if EMERGENCY grievance.
- Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today I was fired from my job in the soap shop without cause or due process. I was told by ICI Supervisor Dave that I was fired because I left early on 4-18-17 and no one knew where I was. I explained to Dave that on Tuesdays I have Further Learning class and had to go get my psy meds. I explained that I told CIO S. Love that I had class. Also prior to this day I told Ms. Judy about this class and service on Fridays which I would have to leave early for. However on this date. No

Relief Requested: Lost wages

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Andie Crawford Offender's Signature ID# 4, 19, 17 Date

(Continue on reverse side if necessary)

**Counselor's Response (If applicable)**

Date Received: 4, 27, 17

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: Crawford M30080 was fired from understudies because of a letter written by the TA Superintendent Dave Patton. A note sheet was completed and approved by the Warden.

L. Dennis Print Counselor's Name L. Dennis Counselor's Signature 5, 16, 17 Date of Response

**EMERGENCY REVIEW**

Date Received: 1 / 1

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

1 / 1 Chief Administrative Officer's Signature Date

NO ONE claim to have known where el was or where el was going. While going to chow el asked C/O Baker who was doing movement if he would take me to get my pay mtd. C/O Baker took me to HCU where el got my mtds from nurse Lida. (the taller one). C/O Baker then took me back to the chow hall. After eating el spoke to Lt. Brown about getting a ride to my class. She told me that she didn't have an escort officer to take me. She told me that el could go back to my cell house and see if el could get the movement officer to take me to class. When el got to my cellhouse el was told by the Lt. that a tour was about to come in and that they wouldn't be able to take me until after the tour. After the tour was over warden Pfister come in. After this el felt it was too late to go to class. However several people staff and inmates were made aware that el do have class on Tuesdays. And at no time prior to this have el ever left without anybody knowing. el did not break any rules or laws that would dictate el be fired. Since el am/was employed by ICI ~~this~~ and not Stateville this constitutes wrongful termination.



**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, De Andre  
Register # M30080  
Facility: Stateville

Date: 8/9/17

This is in response to your grievance received on 5/15/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 3/16/17 Grievance Number: 1195 Griev Loc: Sta

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)

- ☐ Commissary
- ☒ Trust Fund Medical Co-pay 1/26; 2/21
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated \_\_\_\_\_ Incident # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: \_\_\_\_\_

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 4/26/17

Date of Review: 4/26/17

Grievance# 1195

Committed Person: DeAndre Crawford

ID #: M30080

Nature of Grievance: Other – Medical co-pays

Facts Reviewed: On a grievance dated 3/16/17 offender claims that he has had an enlarged prostate since 2013 and experiences pain in his abdomen. Offender claims that since this is an ongoing issue he should not have been charged medical co-pays for Health Care appointments on 1/26/17 and 2/21/17.

Counselor Butler-Winters responded "Per medical staff anything outside of a chronic clinic appointment or emergency room visit require a \$5 co-pay per A.D."

Grievance Officer finds that the issue was correctly addressed by the counselor.

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MAY 15 2017

ADMINISTRATIVE  
REVIEW BOARD

Recommendation: Based upon a total review of all available information it is the recommendation of this Grievance Office that this offender's grievance be **DENIED** due to medical co-pays being charged correctly.

David Mansfield, CCII

Print Grievance Officer's Name

David Mansfield, CCII

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 4-27-17

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

5/11/17

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

~~3-20-17~~

Date: <u>3-16-17</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>195</u>	

☐ Disciplinary Report: 1 / 1  
Date of Report Facility where issued

**RECEIVED**  
STATEVILLE C.C.  
APR 26 2017  
195  
GRIEVANCE DEPARTMENT  
BY: 1051

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
**Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
**Chief Administrative Officer**, only if **EMERGENCY** grievance.  
**Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have had an enlarged prostate since 2013. I am currently in court on this issue due to none treatment. See lawsuit 14 CV 6211 Crawford v. Davis. I have had this pain in my abdomen that shoots down to my testicles and rectum since 2013. I have been charged twice for the co-pay (\$10) when this has been on going without any treatment. This is an abuse of the co-pay statute. On 1-26-17 I was charged the co-pay and again on 2/21/17 for the same issue.

**Relief Requested:** I would like my \$10 refunded

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 3-16-17  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>4-4-17</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>Per medical staff, anything outside of a chronic clinic appointment or Emergency room visit require a \$5 co-pay per A.D.</u>		
<u>T. Butler-Winters</u> <small>Print Counselor's Name</small>	<u>T. Butler-Winters</u> <small>Counselor's Signature</small>	<u>4-24-17</u> <small>Date of Response</small>

<b>EMERGENCY REVIEW</b>	
Date Received: <u>1</u> / <u>1</u> / <u>1</u>	<div style="text-align: center; font-size: large; font-weight: bold; color: blue;">RECEIVED</div> <div style="text-align: center; font-size: small; color: blue;">MAY 15 2017</div> <div style="text-align: center; font-size: large; font-weight: bold; color: blue;">ADMINISTRATIVE REVIEW BOARD</div>
Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature <u>ARB - Crawford</u> <u>000038</u> <small>Date</small>	



**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, De Andre  
Register # M30080  
Facility: Stateville

Date: 8/9/17

This is in response to your grievance received on 5/15/17. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 3/13/17 Grievance Number: 1073 Griev Loc: Sta

- |   |  |
|---|--|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator     | <input type="radio"/> Commissary                                       |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund                                       |
| <input checked="" type="radio"/> Personal Property <u>missing after Tact team</u> | <input type="radio"/> Conditions (cell conditions, cleaning supplies)  |
| <input type="radio"/> Mailroom/Publications <u>shakedown of locker</u>            | <input type="radio"/> Disciplinary Report dated _____ Incident # _____ |
| <input type="radio"/> Assignment (job, cell) <u>in Industry</u>                   | <input type="radio"/> Other _____                                      |

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: Unable to substantiate claim of items due to no documentation provided.

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Sta Correctional Center  
D. Crawford, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

B207

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 4/12/17

Date of Review: 4/13/17

Grievance #1073

Committed Person: DeAndre Crawford

ID #: M30080

Nature of Grievance: Personal Property – Confiscated

Facts Reviewed: On a grievance dated 3/13/17 offender claims that he returned to his work assignment in the Correctional Industries Soap Shop on 3/13/17. Offender claims that the TACT Team conducted a shakedown of the Industries building and that his property was confiscated: trial transcripts, other legal work, 1 sweat shirt, 1 pair sweat pants, 1 pair Court Line Cross Trainers gym shoes, 1 bath towel, 1 Speed Stick deodorant, 1 cocoa butter lotion, 1 pair shower shoes, 1 laundry bag

Counselor Butler-Winters responded "Per Personal Property no items were brought to their office."

Grievance Officer finds that the offender's grievance is timely since the Correctional Industries building was closed from approximately 1/12/17 through 3/13/17. Offender does not provide any evidence to indicate possession of alleged missing items. Grievance Officer confirms that a shakedown of the Correctional Industries building was conducted by the TACT Team in January 2017, however, neither Personal Property or Internal Affairs has received any confiscated property from that shakedown.

Recommendation: Based upon a total review of all available information it is the recommendation of this Grievance Office that this offender's grievance be **DENIED** due to lack of substantiation that offender's property was confiscated.

David Mansfield, CCII

Print Grievance Officer's Name

*David Mansfield, CCII*

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 4-19-17

☒ I concur

☐ I do not concur

☐ Remand

Comments:

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MAY 15 2017

ADMINISTRATIVE  
REVIEW BOARD

4-19-17

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*DeAndre Crawford*

Committed Person's Signature

M30080

ID#

5/11/17

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B-227

Date: 3-13-17	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- ☒ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ ADA/Disability Accommodation  
☐ Staff Conduct    ☐ Dietary    ☐ Medical Treatment    ☐ HIPAA  
☐ Transfer Denial by Facility    ☐ Transfer Denial by Transfer Coordinator    ☐ Other (specify):  
☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: 1073 STA#

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today we returned to our assignment in the soap shop (industry) since 1-12-17. During this time orange crush shook down the cellhouses of Stateville. Personal property that was unlawfully taken from our cells were returned. However after Orange Crush shook down the cellhouse and returned our personal property Orange Crush shook down all the places of job assignments including the soap shop (industry). During this shake down Orange Crush took ~~and~~ thrashed

Relief Requested: \_\_\_\_\_

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford    M30080    3.13.17  
Offender's Signature    ID#    Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 4.4.17    ☐ Send directly to Grievance Officer.    ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: Per personal property, no items were brought to their office. AWP/ Acosta unavailable for response

T. Butler-Winters    J. Butler-Winters    4.4.17  
Print Counselor's Name    Counselor's Signature    Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

ADMINISTRATIVE REVIEW BOARD

Chief Administrative Officer's Signature    \_\_\_\_\_ Date: \_\_\_\_\_

ARB - Crawford 000041

all our personal property that was in our lockers. All of my trial transcripts and other legal work was in my locker along with one sweat shirt, one sweat pants, one pair of Court Line Cross Trainers, one bath towel, one speed stick deodorant, one coco-butter lotion and one pair of shower shoes, and one laundry bag. These items were taken from my locker and was not returned after the shake down. I spoke to Warden Acosta about it on 3-4-17, but haven't heard ~~this~~ anything back yet.



**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, DeAndre  
Register # M30080  
Facility: Stateville

Date: 4/3/17

This is in response to your grievance received on 9/20/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 1/1/16 Grievance Number: 197 Griev Loc: Sta

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)

- ☒ Commissary Claims overcharged 12/2015
- ☐ Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated \_\_\_\_\_ Incident # \_\_\_\_\_
- ☐ Other

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: offender failed to provide documentation to substantiate his claim.

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 1/12/16

Date of Review: 9/5/16

Grievance # (optional): 197

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Commissary Issues

Facts Reviewed: Grievant claims on a grievance written 1/1/16 that he was overcharged for 24 pops, but you can only purchase 12 and that he was charged for 24 noodles that he did not receive. He wants his items or reimbursed for same.

Grievance Officer finds that fails to provide any proof to substantiate his claim.

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SEP 20 2016  
ADMINISTRATIVE  
REVIEW BOARD

Recommendation: Grievance denied.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 9/6/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

**ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE**

B408

Date: <u>1-1-16</u>	Offender: <u>DeAndre Crawford</u> <small>(Please Print)</small>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property   | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time                             | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct   | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment                                    | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility   | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input checked="" type="checkbox"/> Other (specify): <u>GRIEVANCE OFFICER</u> |   |
| <input type="checkbox"/> Disciplinary Report: <u>1</u> <u>1</u><br><small>Date of Report</small> |  | Facility where issued: <u>JAN 12 2016</u>                                     |   |

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 ADMINISTRATIVE REVIEW BOARD  
 JAN 20 2016

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: STA# 197  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

While on lockdown from Dec. 11 to Dec. 18 2015, B-house was brown bagged for commissary on DEC 15, 2015. Which 4 gallons received in our cells on DEC 17, 2015. I noticed that I was overcharged for some pops. I was charged for 24 pops on my original receipt. However the limit for pops are only 12. I did receive 12 pops but was charged for 24. I showed this to C/O Blair whom gave my copy of the receipt to one of the Commissary Supervisors. I waited to get

Relief Requested: \_\_\_\_\_

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 1.1.16  
Offender's Signature ID# Date  
 (Continue on reverse side if necessary)

**Counselor's Response (if applicable)**

Date Received: 1.5.16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A December price list was not provided by commissary. An overcharge cannot be verified at this time.

L. Dennis L. Dennis 1.5.16  
Print Counselor's Name Counselor's Signature Date of Response

**EMERGENCY REVIEW**

Date Received: 1 1 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

\_\_\_\_\_  
Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

my receipt back that day but didn't. So today I talk to C/O Blair and told him that I still hadn't got my receipt back a week later. C/O Blair went to the Commissary to fix the issue and get my copy of the original receipt back. C/O Blair came back with a new receipt that was recharged and back dated to cover up their mistake. On this new receipt I was credited back \$6.72 for the 12 pops, but was charged for 24 noodles that I did not receive with my original order and receipt. So I was charged \$6.00 for 24 noodles I did not receive and credited \$72.

# PROOF of SERVICE

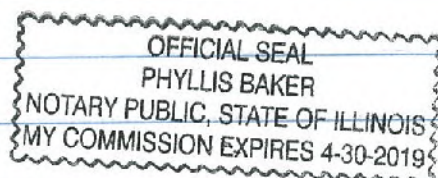
I, DeAndee Crawford being sworn under penalty of perjury to the following statement: That on Sept 15, 2016 I have placed the following documents in the Stateville mail service: Grievance STA# 197, Grievance Officer's Report dated 9/5/16 by Anna McBee, and a letter stating my claim, to be mailed to the A.R.B in Springfield Illinois.

TO: Administrative Review Board  
P.O. Box 19277  
Springfield, IL 62794-9277

Respectfully  
DeAndee Crawford  
M30080  
P.O. Box 112  
Joliet, IL 60434

Subscribed and sworn before me  
this 15th day of September, 2016

Phyllis Baker  
Notary



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SEP 20 2016

ADMINISTRATIVE  
REVIEW BOARD

RECEIVED

SEP 20 2016

ADMINISTRATIVE  
REVIEW BOARD

To Whom it May Concern:

I am writing to you concerning my appeal of grievance number 197. My grievance was denied by Anna McBee without being investigated. If you look at the evidence which was ignored by Ms. McBee, I believe it would prove my claim.

On 12/16/15 I was overcharged by \$6.72. If you look at the trust fund transaction statement the receipt or ticket number is 803996 and the batch number is 3507130. However the commissary supervisor then tried to cover up the overcharge on 12/18/15 ticket number 804087 and batch # 3527196. On 12/16/15 I was charged for 24 pops and was given 12. We are only allowed to buy 12 pops and 12 waters. So to cover up on the 18<sup>th</sup> 12/18 they refunded the \$6.72 but rung up 24 noodles that I never received. I'm asking to be refunded the \$6 I was charged for the noodles. Also Stateville only allows an inmate to go to commissary every other week, never twice in a week.

De Andee Crawford

M30080

ARB - Crawford 000048

Date : 5/10/2016

Time : 09:56:15

CHAMP

Stateville Correctional Center

Trust Fund

Inmate Transaction Statement

11/1/2015 to 5/10/2016

Page 1 of 1

Inmate: M30080 Crawford, Deandre

Housing Unit: STA-B -04-08

Date	Source	Transaction Type	Batch	Reference #	Description	Amount
Beginning Balance:						3.63
11/10/15	Point of Sale	60 Commissary	3147228	799678	Commissary	-24.78
12/01/15	Point of Sale	60 Commissary	3357229	801846	Commissary	-8.58
12/16/15	Point of Sale	60 Commissary	3507150	803996	Commissary	-82.83
12/18/15	Point of Sale	60 Commissary	3527196	804087	Commissary	.72
01/05/16	Point of Sale	60 Commissary	0057150	805976	Commissary	-64.90
01/21/16	Point of Sale	60 Commissary	0217223	807906	Commissary	-9.46
02/09/16	Point of Sale	60 Commissary	0407196	810068	Commissary	-19.39
03/01/16	Point of Sale	60 Commissary	0617227	812153	Commissary	-43.13
03/16/16	Point of Sale	60 Commissary	0767121	814539	Commissary	-9.93
04/20/16	Point of Sale	60 Commissary	1117121	818935	Commissary	-14.81

Total Inmate Funds:	20.12
Less Funds Held For Orders:	.00
Less Funds Restricted:	1.36
Funds Available:	18.76
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
04/29/2016	aje2017	Disb	Postage	15806 Pitney Bowes Bank Inc	\$1.36
Total Restrictions:					\$1.36

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REVIEW BOARD

ARB - Crawford 000049



**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name:

Crawford, Deandre

Date:

3/2/17

Register #

M30080

Facility:

Stateville

This is in response to your grievance received on 8/22/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated:

7/15/16

Grievance Number:

3165

Griev Loc:

Sta

☐ Transfer denied by the Facility or Transfer Coordinator

☐ Commissary

☐ Dietary

☐ Trust Fund

☒ Personal Property

mattress confiscated

☐ Conditions (cell conditions, cleaning supplies)

☐ Mailroom/Publications

7/12/16

☐ Disciplinary Report dated  
Incident #

☐ Assignment (job, cell)

☐ Other

Based on a review of all available information, this office has determined your grievance to be:

☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.

☐ Denied as the facility is following the procedures outlined in DR525.

☐ Denied, in accordance with DR504F, this is an administrative decision.

☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.

☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.

☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.

☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)

☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.

Other:

More as offender received a mattress 7/29/16.  
Address any medical issue via sick call.

FOR THE BOARD:

Sarah Johnson

Sarah Johnson  
Administrative Review Board

CONCURRED:

John R. Baldwin

John R. Baldwin  
Acting Director

CC:

Warden,

Stateville  
D. Crawford

Correctional Center

, Register No.

M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B217

Grievance Officer's Report

Date Received: 7/15/16

Date of Review: 8/10/16

Grievance#3165

Committed Person: Deandre Crawford

ID #: M30080

Facts Reviewed: On a grievance dated 7/15/16 offender claims that his mattress was confiscated during a shakedown on 7/12/16 and that he has not had a mattress since that date.

Grievance Officer finds that the offender received a mattress on 7/29/16.

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AUG 22 2016  
ADMINISTRATIVE  
REVIEW BOARD

Recommendation: Issue resolved.

David Mansfield, CCII

Print Grievance Officer's Name

David Mansfield, CCII

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received:

8/10/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Deandre Crawford

Committed Person's Signature

M30080

ID#

8/18/16

Date

**ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE**

B408

Date: <u>7/20/16</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Personal Property                      | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time             | <input type="checkbox"/> ADA Disability Accommodation        |
| <input checked="" type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment                    | <input type="checkbox"/> HIPAA                               |
| <input type="checkbox"/> Transfer Denial by Facility            | <input type="checkbox"/> Transfer Denial by Transfer Coordinator |   | <input type="checkbox"/> Other (specify): <u>AUG 04 2016</u> |
| <input type="checkbox"/> Disciplinary Report: <u>1</u> <u>1</u> |  | Date of Report: _____ Facility where issued: <u>STA# 3088</u> |  |

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I haven't had a mattress since 7-12-16. Having to sleep on the base steel is causing my hips, back and both shoulders severe pain. I spoke to Lt. Burkylile for the second time. He said "talk to the five day Lt." I spoke to Sgt. Neplin before hand he said, "you have to talk to someone else because I don't work over here." I was seen but not treated by RN Lidda (the short one) she put me out of sick-call. These are clear  
**Relief Requested:** to receive a mattress and medical treatment for my hips, back and both shoulders.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7.20.16  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

**Counselor's Response (if applicable)**

Date Received: 1 1 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-8277

Response: Duplicate

Print Counselor's Name

Counselor's Signature

Date of Response

**EMERGENCY REVIEW**

Date Received: 8.4.16 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner. 8.5.16  
[Signature] Date  
 Chief Administrative Officer's Signature

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

acts of deliberate indifference to my general needs  
and medical needs. ~~Which~~ which is a violation of  
my constitutional rights under the eighth amend-  
ment against cruel and unusual punishment. This  
also violates my rights under the Imprison Person  
Act.

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: 7/18/16	Offender: DeAndre Crawford (Please Print)	ID#: M30080
Present Facility: Stateville		Facility where grievance issue occurred: Stateville

GRIEVANCE OFFICE

JUL 25 2016

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ADMINISTRATIVE REVIEW BOARD  
AUG 22 2016

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other, specify:	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Brief Summary of Grievance:** El have been without a mattress since 7/12/16. Since then el have spoken to Lt's Bennett, Burkholder and Lala. el have also spoken to Sgt. Hart, Sgt. Whitfield, acting Sgt. Roman, acting Sgt. Anastasio along with C/O's Anastasio, Cannahan, Moreno and John Doe C/O (latino male) on 3-11 shift. This is cruel and unusual punishment and a violation of my constitutional rights. C/O Moreno tried to resolve the is but come only come up with two pillows. el am now experiencing pain in my back, shoulder and hips.

**Relief Requested:** get a mattress

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

De Andre Crawford M30080 7/18/16  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (If applicable)</b>		
Date Received: 7/18/16	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
Print Counselor's Name	Counselor's Signature	Date of Response

<b>EMERGENCY REVIEW</b>		
Date Received: 7.25.16	Is this determined to be of an emergency nature?	
	<input type="checkbox"/> Yes; expedite emergency grievance	
	<input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature	Date	

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3408

Date: 7/19/16	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance Issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |                                     |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time | <input type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Staff Conduct    | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment        | <input type="checkbox"/> HIPAA      |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator |   | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Disciplinary Report: _____  |  |   |                                     |

Date of Report

Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance:

I have gone a week without having a mattress. This is cruel and unusual punishment. C/O Anastasio brought me a mattress that was deemed unsanitary. I have been forced to sleep on the bare steel.

Relief Requested:

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford

Offender's Signature

M30080

ID#

7.19.16

Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 7/19/16

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date Received: 7.25.16

Is this determined to be of an emergency nature?

☐ Yes; expedite emergency grievance

☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner

Chief Administrative Officer's Signature

Date

7.26.16

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 7-17-16	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville GRIEVANCE OFFICE	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time | <input type="checkbox"/> ADA Disability Accommodation |
| <input checked="" type="checkbox"/> Staff Conduct    | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment        | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator |   | <input type="checkbox"/> Other (specify): 2845        |
| <input type="checkbox"/> Disciplinary Report: 1 / 1  |  |   |   |
- Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showcause Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have been without a mattress since 7/12/16. I have had to sleep on the bare steel bunk. I have spoken to C/O's Homen (Peanut), Amstacio, Cannan, Albatt, Moreno, Henderson, and Sgt. Whitfield, Lt. Bennett, Lt. Burkhalter, and Lt. Dola. This sleeping on steel has cause a sharp shooting pain in my back pain in my hips and shoulders. I was seen in sick call today by R.N. Lidda (short one). C/O Moreno tried to remedy the issue but was only able to get me relief requested: to get a mattress and medical care.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7.17.16  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 1 / 1 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-8277

Response:

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 7.25.16 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner. 7.26.16  
Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 7/27/16	Offender: (Please Print) DeAndre Crawford	ID: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time | <input type="checkbox"/> ADA Disability Accommodation |
| <input checked="" type="checkbox"/> Staff Conduct    | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment        | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator |   | <input type="checkbox"/> Other (specify):             |

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: 3167

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shockwave Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have been without a mattress since the orange crush shakedown on 7/12/16. I spoke to Lt Givens (male) on the 7-3 shift. He told me "tell your gallery officer to come talk to me." Lt Walsh said that Lt. Givens had left and hadn't come back yet. I did not get a mattress. I spoke to Lt. Givens again on the 3-11 shift while by Unit B. I was told that he would call B-house. Lt. Plylosa spoke to me about not having a mattress. He said he tried to give me a

Relief Requested: \_\_\_\_\_

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7/27/16  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 7/29/16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62794-0277

Response: Lt. Plylosa stated Crawford M30080 complained he had no mattress and Lt. Antostacio who was assigned to 4 gallery offered Crawford a mattress which he refused because according to Crawford it was unsanitary. Crawford waited 4 days after the shakedown of unit B by the Sent Team

L. Dennis L. Dennis 8/5/16  
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

\_\_\_\_\_  
Chief Administrative Officer's Signature Date

mattress but I refused it. This mattress was unsanitary. It was badly stained with blood and urine stains. I spoke to C/O Blair today 7/27/16. He said he would talk to Sgt Cornell. I spoke to Sgt Cornell. She said Blair talk to her. Then asked if I talk to Lt. Bennett? I told her I did and that Lt. Bennett said that it would be a while. She then told me that I was offered a mattress but refused it so I'd have to wait to see more come in. I explain to her that the second mattress has mose on it, and Maj. Lake told them not to give that mattress to anyone, after it was taken from another inmate. She said okay, you're still got to wait. This is a deliberate act of deliberate indifference to a inmates necessary need, which violates my constitutional right under the 8<sup>th</sup> amendment against cruel and unusual punishment.

### Counselor's Response Cont. --

To ask for a mattress. By this time, all inmates in unit B whose mattresses were damaged during the shake-down had them replaced and the rest were given to other quarter units who needed them. Efforts were made to get Crawford a mattress. Crawford received a mattress on Aug 7/29/16.

L. Dennis

L. Dennis

8/5/16

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 7/23/16	Offender: (Please Print) DeAndre Crawford	IDS: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- ☐ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ ADA-Disability Accommodation  
☒ Staff Conduct    ☐ Dietary    ☐ Medical Treatment    ☐ HIPAA  
☐ Transfer Denial by Facility    ☐ Transfer Denial by Transfer Coordinator    ☐ Other (specify):  
☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: 3166 STA # 102016

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showcause Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have not had a mattress since 7/12/16. I have put in numerous grievances about this issue. Since then I have spoken to Lt's Bennett, Burkby, and John Doe Lt (A-3 shift) as well as Lt. Nelson, Sgt Whitfield, Sgt Neplin (B-7 shift), Sgt Hart, Acting Sgt Nomen (Peanut), Acting Sgt Anastasio and Acting Sgt Cannhan. C/O's Nobles, Moreno, K. Canale which (tall white male, young 5'10"-6'00") who worked on the 7-3 shift on 7/22/16. He spoke to Warden Pfister while Relief Requested: Get a mattress and medical treatment for my back, hips and shoulder.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7/23/16  
 Offender's Signature IDS Date  
 (Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 7/27/16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62704-0277.  
 Response: Lt. Lyjola stated Crawford M30080 complained he had no mattress and 40 Anastasio who was assigned to 4 gallery offered Crawford a mattress which he refused. According to Crawford, the mattress was unsanitary. Not only that, inmate Crawford waited 4 days after the shutdown of that B to ask L. Dennis  
 L. Dennis Dennis 8/5/16  
 Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

ARB- Crawford 000059

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

he was in B-house at exactly 8:53 am with warden Lamb and Jane Doe. He told Lt. Bennett to take care of that. I was given a rejected mattress that has more on it by C/O Canaburich. This mattress was taken from another inmate. Major Lake told B-house staff not to give this mattress out. However they tried to give it to me. I spoke to Warden Pfister again when he came in again with a tour. He told me he'll take care of it. I'm having extreme pain in my hips, shoulder and back.

for a mattress. By this time, all inmates in unit B whose mattresses were damaged during the shakedown had them replaced and the were given to the other quarters units who needed them. Efforts were made to get Crawford a mattress. Crawford received a mattress on Friday 7/29/10.

L Dennis

L Dennis

8/5/10

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 7-15-16	Offender: (Please Print) DeAndre Crawford	IO#: M30080
Present Facility: Starterville	Facility where grievance issue occurred: Starterville	

NATURE OF GRIEVANCE:

- ☐ Personal Property    ☐ Mail Handling    ☐ Restoration of Good Time    ☐ ADA Disability Accommodation  
☒ Staff Conduct    ☐ Dietary    ☐ Medical Treatment    ☐ GRIEVANCE OFFICE  
☐ Transfer Denial by Facility    ☐ Transfer Denial by Transfer Coordinator    ☐ Other (specify): \_\_\_\_\_

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: AUG 10 2016 3165 STA#

Note: Protective Custody Denial may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Since 7/12/16 I have been without a mattress. I am being forced to sleep on a bare steel bunk. This is cruel and unusual punishment and a violation of my constitutional rights. On 7/12/16 I spoke to C/O Mark Anastasio and told him that I did not have a mattress because orange crush to it. I was not given a mattress. Then on 7/13/16 I spoke to Lt. Burkholder on the 7-3 shift. I explained that I did not have a mattress. He said that he couldn't do

Relief Requested: To get a mattress and compensation for having to sleep on bare steel.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7.15.16  
Offender's Signature IO# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 7.21.16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Responses: On 7/21/16 Lt. Dennis stated Crawford M30080 complained he had no mattress and Lt. Anastasio offered Crawford a mattress which he refused because according to Crawford the mattress was un-hygienic. Crawford waited 4 days after the shakedown of unit to ask for a mattress.

L. Dennis Lt. Dennis 7.27.16  
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

anything right now. I then talk to Anastasio again on 3-11. I got no reply from him. So I asked C/O Cannahan also on 3-11 for a mattress. He told me that it's not my gallery. Next on 7/14/16 I spoke to Sgt. Whitfield about not having a mattress. He told me I would have to wait awhile. Again, I spoke to Anastasio and Cannahan on the 3-11 shift. Still I got no help from either. On 7/15/16 I spoke to acting Sgt. Homen (Peanut) he told me I would have to put in a request slip to get a new one. I then spoke to Lt. Bennett she told me that it's gonna be awhile before they could get me a mattress.

### Counselor's Response Cont..

By this time all inmates in Unit B whose mattresses were damaged during the shake-down had them replaced and the rest were given to other quarter units who needed them. Presently, Crawford has no mattress but efforts are being made to get a mattress for him.

J. Dennis      J. Dennis      7/27/16

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AUG 22 2016

ADMINISTRATIVE  
REVIEW BOARD

## Proof of Service

I DeAndre Crawford hereby swear under penalty of perjury to the following:  
On August 18, 2016 I have placed in the Stateville Correction Center mail service, grievance office report #3165, grievance STA#3088, grievance STA#2932, grievance STA#2931, grievance STA#2845, grievance STA#3167, grievance STA#3166, grievance STA#3165 to be mailed to the A.R.B.

To : Administrative Review Board

P.O. Box 19277

Springfield, IL 62794-9277

Respectfully

DeAndre Crawford #M30080

P.O. Box 112

Champaign, IL 60434

I swear that the above is true and accurate to my knowledge. And swear under penalty of perjury.

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, DeAndre  
Register #: M30080  
Facility: Stateville

Date: 1/3/17

This is in response to your grievance received on 6/7/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 2/2/16 Grievance Number: 1283 Griev Loc: Sta

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary  |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund  |
| <input type="radio"/> Personal Property                                       | <input checked="" type="radio"/> Conditions (cell conditions, cleaning supplies) <u>Sink cell 408</u> |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated _____ Incident # _____                                |
| <input type="radio"/> Assignment (job, cell)                                  | <input type="radio"/> Other _____   |

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.  | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: Moot, per staff issue was fixed 5/1/16.

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 3/17/16

Date of Review: 5/19/16

Grievance # 1283

Committed Person: CRAWFORD, DeAndre

ID #: M30080

Nature of Grievance: Maintenance

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JUN 07 2016

ADMINISTRATIVE  
REVIEW BOARD

Facts Reviewed: Grievant claims that his sink is not working in B-House, cell 408.

Grievance Officer finds per the Maintenance Dept., B-House, cell 408 was fixed on 5/11/16.

Recommendation: No action

Jill Hosselton, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5/19/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

De Andre Crawford

Committed Person's Signature

M30080

ID#

6/1/16

Date

ILLINOIS DEPARTMENT OF CONNECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 2/21/16	Offender: (Please Print) DeAndre Crawford	IDs: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time    | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment           | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input checked="" type="checkbox"/> Other (specify): |   |
| <input type="checkbox"/> Disciplinary Report: _____  | Date of Report: _____  | Facility where issued: _____                         |   |

RECEIVED  
JUN 07 2016

GRIEVANCE OFFICE

MAR 17 2016

1283

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Chief Administrative Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Our sink's cold water, has been running for at least four days straight nonstop. I've talk to Mason Lake Lt. Bennett C/O Homan, and C/O Connahan about putting in a workorder to have the sink fixed. We have no hot water, and have yet to be given a shower outside the mandatory showers. This is a violation of our Constitutional rights against cruel and unusual punishment. I have yet been able to get more than a few minutes of sleep, and

Relief Requested: to get the sink fixed

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 2/21/16  
Offender's Signature IDs Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 3/3/16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: On 2/4/16 the Chief Engineer, Davis stated a work order was received on Friday 2/12/16 for the sink in B408 and the work was completed on the same date. On 3/3/16 Det. Davis stated Crawford saw a crisis team member on 2/12/16 and said he is okay now.

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date Received: 1/1/16 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

The constant sound of running water is really  
beginning to bother me. I am a mental health patient  
who suffers from Bipolar Disorder and Border Line  
Personality Disorder. For which I am taking  
medication. For

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, DeAndre  
Register #: M30080  
Facility: Stateville

Date: 1/3/17

This is in response to your grievance received on 6/29/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 1/18/16 Grievance Number: 323 Griev Loc: Sta

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary  |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund  |
| <input type="radio"/> Personal Property                                       | <input type="radio"/> Conditions (cell conditions, cleaning supplies)   |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated _____                   |
| <input type="radio"/> Assignment (job, cell)                                  | Incident # _____  |
|   | <input checked="" type="radio"/> Other <u>Sgt Panazzo, 1/18/16 told</u> |

Based on a review of all available information, this office has determined your grievance to be: I'm to remove religious head covering.

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: \_\_\_\_\_

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director  
1/5/17

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

B408

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 1/25/16

Date of Review: 6/13/16

Grievance # (optional): 323

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Religion Issues

Facts Reviewed: Grievant wants to be able to wear his religious headgear at all times.

Counselor response indicates that per DR425, "The wearing of religious headgear including but not limited to fezzes, kufis, and yarmulkes, shall be limited to the committed person's immediate sleeping area during prayer and to the area of religious service."

**RECEIVED**

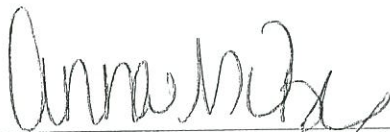
JUN 29 2016

**ADMINISTRATIVE  
REVIEW BOARD**

Recommendation: No action.

Anna Hill

Print Grievance Officer's Name



Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response


Date Received: 6/14/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

  
Chief Administrative Officer's Signature

6/15/16  
Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford  
Committed Person's Signature

M30080  
ID#

6/20/16  
Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 1/18/16	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment        | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify):         |   |

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report

GRIEVANCE OFFICE  
Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today while waiting to go on a medical pass in B-house bullpen I was told by Sgt. Panazzo that I could not wear my religious headcovering under my state issued cap, and that I had to take it back to my cell because we can only wear them during service. The Sgt then had C/O Walsh walk me back to my cell to get back the religious headcover. After C/O Walsh brought me back down to the bullpen. ~~He then told me that I had to take it back to my cell.~~

Relief Requested: So be able to practice my religion freely without punishment

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 1, 18, 16  
Offender's Signature ID# Date  
(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1, 20, 16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: It is policy to only wear religious head garments during service. At this time there is no tickets Christians are allowed to wear the Cross at all times.

L. Dennis L. Dennis 1, 20, 16  
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 1, 1, 16 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

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ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

~~She said then said to me, "Good job Crawford, I'm still writing you a ticket." At no time was I given a direct order by the Sgt. I have witnesses that will verify this information. Raymond King #N54043 and Joseph Harrington K83444. Although it is a Constitutional right to practice your religion freely, IDOC and Stateville violate that right by refusing to allow inmates to wear their religious headcovering outside of service. Headcovers are an intricate part of the Islamic faith. However IDOC and Stateville discriminate against those whom practice Islam. The Jewish followers are allowed to wear yarmulkes to identify their religious beliefs. And the Christians are allowed to wear the cross which is the sign of their religion. However muslims are not allowed to freely practice our belief.~~

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, De Andre  
Register #: M30080  
Facility: Stateville

Date: 1/3/17

This is in response to your grievance received on 6/7/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 1/24/16 Grievance Number: 784 Griev Loc: Stateville

- |   |  |
|---|--|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary                                       |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund                                       |
| <input type="radio"/> Personal Property                                       | <input type="radio"/> Conditions (cell conditions, cleaning supplies)  |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated _____ Incident # _____ |
| <input type="radio"/> Assignment (job, cell)                                  | <input checked="" type="radio"/> Other <u>Sgt Panazzo, Lt Bennett</u>  |

Based on a review of all available information, this office has determined your grievance to be: denied him to shop 1/20/16

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: \_\_\_\_\_

FOR THE BOARD:

Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED:

John R. Baldwin  
John R. Baldwin  
Acting Director  
1/5/17

CC: Warden, Stateville

Correctional Center

Register No. M30080

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 2/9/16

Date of Review: 5/12/16

Grievance # (optional): 784

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Staff Conduct – Performance of Duty

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JUN 07 2016

ADMINISTRATIVE  
REVIEW BOARD

Facts Reviewed: Grievant claims on a grievance written 1/24/16 that he was denied a chance to go to commissary on 1/20/16 by Sergeant Panazzo and Lieutenant Bennett. He wants to be free of any retaliation from Sergeant Panazzo and Lieutenant Harris.

Grievance Officer finds In the body of the grievance the grievance cites Sergeant Panazzo and Lieutenant Bennett; however, in the relief requested he names Lieutenant Harris and Sergeant Panazzo. Grievance Officer notes that Sergeant Panazzo no longer works for Stateville and Lieutenant Harris is unable to be reached. Lieutenant Bennett stated she did not recall any such incident on 1/20/16. Grievance Officer finds that grievant shopped on 1/21/16. Grievant failed to provide any sufficient evidence of any staff misconduct or retaliation.

Recommendation: No action.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 5/16/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford  
Committed Person's Signature

M30080  
ID#

6/1/16  
Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 1/24/16	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**RECEIVED**  
JUN 07 2016  
**ADMINISTRATIVE REVIEW BOARD**

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 1/20/16 he was denied the chance to go to Commissary by Sgt. Panaygo and Lt. Bennett due to retaliation for an incident that happen earlier this week. While going out the door for commissary he was told by Sgt. Panaygo to step out of line. He said "Crawford step out line you don't have any money." he told him that he did have money on my books. Sgt. Panaygo then said, "you got \$8 but you're still not going. Next time I tell you to take your relief requested: to be free of fear of retaliation from Sgt. Panaygo and Lt. Harris."

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 1/24/16  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: 1/28/16	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: If Bennett stated she does not recall and Panaygo no longer works at Stateville C.C. according to Crawford's transaction statement he did spend \$9.40 in commissary. Also verified by Daniels who is a supply supervisor in commissary.		
Print Counselor's Name: Dennis	Counselor's Signature: [Signature]	Date of Response: 1/28/16

EMERGENCY REVIEW	
Date Received: 1/1/16	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: 1/1/16

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

religious headcover off you'll listen." He then spoke to Lt. Bennett and explained to her what happen. She said, "first I'm going to go along with my Lt. then with the disrespect you showed us the other day I'm not going to over ride him for you." I was then sent back to my cell and not allowed to go to commissary. I am not on commissary denial ~~or~~ nor am I in C-grade. This denial is a clear violation of my Constitutional rights and rights under the imprisonment person act. I now fear of further retaliation and punishment. I fear for my health and safety

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

Offender: Crawford Deandre M30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance: Facility Grievance # (if applicable) 20169 Dated: 3/25/16 or ☐ Correspondence: Dated: \_\_\_\_\_

Received: 6/16/16 Regarding: IDR 3/17/16, 201601016  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court  
Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, Utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
319 E. Madison St., Suite A  
Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☒ This office previously addressed this issue on 10/12/16 : grv # 1742  
Date
- ☒ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Sherry Benton S. Benton 12,21,16  
Print Name Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 5/16/16

Date of Review: 6/3/16

Grievance # (optional): 2069

Committed Person: **DeAndre Crawford**

ID#: M30080

Nature of Grievance: DR – 201601016/1-STA

**Facts Reviewed:** Grievant was issued a DR for 202, 304 and 404 on 3/17/16 and was found guilty and received three months each c grade, commissary restriction and \$5.06 in restitution. He wants the disciplinary report expunged.

Grievance Officer finds that DR was reviewed and determined by the Adjustment Committee that they are reasonably satisfied of the offender's guilt. Grievance Officer cannot substantiate the incident occurred any other way than reported. DR upheld, disciplinary sanctions and procedures imposed are within max capacity.

**Recommendation:** Based upon a total review of all available information, it is recommended that grievance be DENIED. Unable to substantiate this incident occurred any other way than reported.

**Anna McBee, CCII**

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 6/7/16

Comments:

☒ I concur

☐ I do not concur

☐ Remand

RECEIVED

JUN 16 2016

ADMINISTRATIVE  
REVIEW BOARD

6/8/16

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

M30080

ID#

6/12/16

Date

<b>RECEIVED</b> Date: _____		Chief Administrative Officer's Signature _____	
Received: _____ Date: _____		Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
<b>EMERGENCY REVIEW</b>			
Date of Response: _____ 5/11/16		Chief Counselor's Name: _____ L. D. Jones	
Counselor's Signature: _____ L. D. Jones		Responses: _____ Counselor's Response (if applicable): _____	
Date: _____ 4/12/16		Received: _____ Send directly to Grievance Officer: <input type="checkbox"/>	
Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 18277, Springfield, IL 62719-0277		Counselor's Response (if applicable): _____	
(Continue on reverse side if necessary)			
Date: _____ 3/25/16		Offender's Signature: _____ DeAndre Crawford	
ID# _____ M30080		Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self. <input type="checkbox"/>	
Request Requested: _____			
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): On 3/17/16 at approximately 12:00 PM, I was in the common room with the defendant, named in my many grievances on staff and unsecured punishment. I took to the me for writing them up a week or so prior to this date (3/17/16). Another (John Doe) and M. Anastasio and B. Canavan on the 3-11 shift. After the CLO's issued a published disciplinary report (booklet) to me for writing them up a week or so prior to this date (3/17/16). Another (John Doe) and my many grievances on staff and unsecured punishment. Broken. He said with me continuously from at least 3:00 PM to 2:00 PM.			
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Showcause Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Chief Administrative Officer, only if the issue involves discipline at the present facility or issues not resolved by Counselor. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.			
Notes: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.			
Facility where issued: _____ Stateville		Date of Report: _____ 3/17/16	
Disciplinary Report: _____ Stateville		Protective Custody Denial by Facility: <input type="checkbox"/>	
Self Conduct: <input checked="" type="checkbox"/>		Medical Treatment: <input type="checkbox"/>	
Personal Property: <input type="checkbox"/>		Restoration of Good Time: <input type="checkbox"/>	
Mail Handling: <input type="checkbox"/>		ADA Disability Accommodation: <input type="checkbox"/>	
HIPAA: <input type="checkbox"/>		Other (Specify): _____	
Date: _____ MAY 16 2016		Date: _____ 3-25-16	
Present Facility: _____ Stateville		Offender (Please Print): _____ DeAndre Crawford	
Facility where grievance occurred: _____ Stateville		ID# _____ M30080	

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

2/18 - to 2/25 without shutting water off. Cell 408 was without hot water the whole time. They are two of the officers that was informed about this issue. It is my Constitutional Right to file grievances and exercise my first amendment right. I have mental illness from which are Bipolar Disorder and Borderline Personality Disorder. C/O Anastasio falsified his documented tickets and Cannahan persuaded himself by saying he witnessed the incident. Then on 3/18/16 I was again retaliated against for the grievances I wrote from 2/18 to 2/25 by C/O's Cannahan and T. Rogers (whom was also reported in those grievances). Rogers willingly used persuaded information to falsify a state document. I was sent to the Hearing Board and was seen by Lt. Best. Lt. Best knowingly and willingly violated my due process rights by finding me guilty without any evidence or investigation being done. I explained to Lt. Best that these three C/O's weren't telling the truth and I falsified their tickets. I explained to him that I did not have a clothes line nor did I have any sheets as C/O Anastasio reported. I first pointed out that 6:40 on 3/17 Anastasio was keying out to gallery for chew, and was not "conducting round checks" as he stated in the tickets. Then Anastasio reported that he confiscated an 100 ft clothes line that ran from the back of the cell to the front. That is impossible. However I did tell Lt. Best that earlier during the shift I was testing a noose I made of my shoe laces for my attempt at suicide later that day. I asked if I could see the evidence against me. Lt. Best stated that it was disposed of. Then said, "I still believe my officers over an inmate." It was the same thing with the falsified ticket Rogers wrote. He stated he discarded a 12 ft. line that ran from the cell bars to the top bunk. Which is also impossible to have been true. Yet neither alleged clothes line was presented as evidence, and I was found guilty.

RECEIVED

JUN 16 2016

ADMINISTRATIVE  
REVIEW BOARD

## AFFIDAVIT

I, DeAndre Crawford do swear under penalty of perjury that the following statement is true and accurate. While going through the appeal process of the disciplinary reports written by C/O's Mark Anastacio (written 3/17/16) and Terrence Ragus (written 3/13/16) was falsified and improperly investigated by both Lt. Best and Anna McBee.

To begin with C/O Anastacio reported that he observed a 100ft+ clothes line running from the front of the cell to the back of the cell. I would like to point out that the cells in B-house are 6x9ft+. Then neither Lt. Best or Anna McBee were able to ~~the~~ produce the alleged line, nor did they see it because C/O Anastacio noted that "contraband disposed off." Which violates due process rights.

Next, on 3/17/16 at 6:40 B-house was keying out for chow. Which movement logs would have verified was true, and shown that C/O Anastacio was not conducting a check

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Page 2 of 2

JUN 16 2016

ADMINISTRATIVE  
REVIEW BOARD

as he reported. Also in agreement with the new mental health class action civil-suit. All disciplinary hearings of mentally ill inmates (SMI) must be held with a Psy Doctor present. This ticket was heard by Lt. Charles Best and C/O Wendell Venerable who are not Psy Doctors.

Lastly, inmate Raymond King was also given the same ticket. At King's hearing he testified that there was no clothes line present, and that he saw what <sup>seem to</sup> be a noose made of shoe laces tied around a water bottle made by inmate Crawford. Inmate King was given a verbal reprimand. Without investigating Anna McBee reported, "Unable to substantiate this incident occurred any other way than reported."

Respectfully  
DeAndre Crawford

Subscribed and sworn to before me  
this 14<sup>th</sup> day June, 2016.

David Mansfield



Bruce Rauner  
Governor



John Baldwin  
Acting Director

## The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

October 12, 2016

Deandre Crawford  
Register No. M30080  
Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on May 3, 2016, regarding two (2) disciplinary reports dated March 17<sup>th</sup> and 18<sup>th</sup> of 2016, which was alleged to have occurred at Stateville Correctional Center. This office has determined the issues will be addressed without a formal hearing.

This office has reviewed your grievance dated April 12, 2016 regarding the above issued reports and claims your due process rights were violated as no Psyche Doctor sat during your Adjustment Committee Hearings.

The Grievance Officer's Report (1742) and subsequent recommendation dated April 18, 2016 and approval by the Chief Administrative Officer on April 20, 2016 have been reviewed.

This office reviewed the disciplinary report dated March 17, 2016 written by C/O Anastacio citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601016/1-STA).

This office reviewed the disciplinary report dated March 18, 2016 written by C/O Ragusa citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601028/1-STA).

Per contact with Stateville Staff, at the time of these Hearings, a MHP was not required to sit on the Adjustment Committee.

Based on a total review of all available information and a compliance check of the procedural due process safeguards outlined in DR504, this office is reasonably satisfied the offender committed the offenses and recommends the grievance be denied. However, it appears the Adjustment Committee erroneously put the information from C/O Anastacio's IDR, into the Basis for Decision of C/O Ragusa's IDR and vice versa. Adjustment Committee Staff are to correct this and provide Offender Crawford with copies of the corrected Summaries. Additionally, Warden's Bulletin 2014-92 is cited for both 404 charges written.

FOR THE BOARD:

Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

I concur. Adj. Comm. is to proceed as outlined above.

John R. Baldwin  
Acting Director

cc: Warden, Stateville Correctional Center  
Adj. Comm., Stateville Correctional Center  
Jim Laris, Stateville Correctional Center  
Deandre Crawford, Register No. M30080

*Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.*

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

ARB - Crawford 000082

## Benton, Sherry

---

**From:** Best, Charles  
**Sent:** Wednesday, October 12, 2016 11:09 AM  
**To:** Benton, Sherry  
**Subject:** RE: I/M Deandre Crawford M30080

Mach of 2016 the committee was informed that mental health wasn't required to sit on the committee if the offender wasn't receiving any segregation time.

---

**From:** Benton, Sherry  
**Sent:** Wednesday, October 12, 2016 10:37 AM  
**To:** Best, Charles  
**Subject:** I/M Deandre Crawford M30080

Lt. Best,

I/M Crawford, M00380, received two tickets back in March/2016.

On both summaries (201601016/1-STA) and (201601028/1-STA) you cite that I/M Crawford is SMI. I don't see where a MHP sat in on this Committee.

Was one there?

Sherry Benton  
Inmate Issues / Administrative Review Board  
Concordia Court  
Phone: 217-558-2200 ext 2061  
Fax: 217-558-5607

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MAY 03 2016

ADMINISTRATIVE  
REVIEW BOARD

## Proof of Service

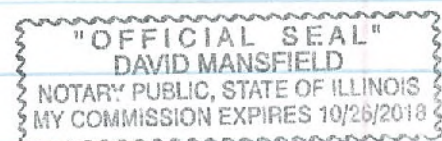
I DeAndre Crawford hereby do swear under ~~penalty~~ penalty of perjury: On April 29, 2016 did place the following documents in the Stateville Correctional Center mail service. I have mailed grievance STA<sup>#</sup> 1742, with grievance officer's report, Department of corrections adjustment committee final Summary Signed Affidavit from Raymond King, and offender Disciplinary Report. To be mailed to the ARB board.

To: Administrative Review Board  
P.O. Box 19277  
Springfield, IL 62794-9277

Respectfully  
DeAndre Crawford

Subscribed and sworn to before me  
this 29<sup>th</sup> April, 2016.

David Mansfield



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 4/15/16

Date of Review: 4/18/16

Grievance # (optional): 1742

Committed Person: **DeAndre Crawford**

ID#: M30080

Nature of Grievance: DR – 201601028/1-STA

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MAY 03 2016

ADMINISTRATIVE  
REVIEW BOARD

**Facts Reviewed:** Grievant was issued a DR for 202, 304 and 404 on 3/18/16 and was found guilty and received one month each c grade, commissary restriction and \$5.06 in restitution. He wants the disciplinary report expunged.

Grievance Officer finds that DR was reviewed and determined by the Adjustment Committee that they are reasonably satisfied of the offender's guilt. Grievance Officer cannot substantiate the incident occurred any other way than reported. DR upheld, disciplinary sanctions and procedures imposed are within max capacity.

**Recommendation:** Based upon a total review of all available information, it is recommended that grievance be DENIED. Unable to substantiate this incident occurred any other way than reported.

**Anna McBee, CCII**

Print Grievance Officer's Name

*Anna McBee*

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 4/19/16

☐ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

*DeAndre Crawford*

Committed Person's Signature

M30080

ID#

4/28/16

Date



ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

be heard with a psy doctor at the hearing. However Lt. Best willingly and knowingly heard the ticket without a psy doctor at the hearing. Find me guilty of having a clothes line and charged me for \$10.12 restitution without any evidence of a torn state issued sheet. Where as I did admit to trying to use a shoe string to make a noose to hang myself. Lt. Best denied me my constitutional rights of due process by hearing these two tickets and without having a psy doctor at the hearing of an SMI in ticket, and without proper investigation of lack of evidence. However after hearing the tickets with C/O Venerable, had me seen by a crisis team worker.

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MAY 03 2016

ADMINISTRATIVE  
REVIEW BOARD

# Affidavit

I Raymond King NS4043 do hereby state that on 3-17-16 inmate Crawford was written a disciplinary report for having his shoe strings tied to water bottle resembling a noose. On 3-18-16 again inmate Crawford was written a disciplinary report for having his shoe strings tied to water bottle resembling a noose. Officer Anastacio and Officer Ragusa wrote these reports claiming he had a line up with bed sheets as his cellmate that is a lie. On 3-22-16 I and Crawford went to the adjustment committee where Crawford told Lt. Best he had shoe strings and Lt. Best told me Crawford said he had shoe string which I confirmed they were shoe strings.

I declare under penalty of perjury these facts are accurate.

Raymond King  
NS4043

~~at~~ April 14, 2016

## STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

## ADJUSTMENT COMMITTEE

## FINAL SUMMARY REPORT

RECEIVED  
MAY 03 2016  
ADMINISTRATIVE  
REVIEW BOARD  
Race: BLK

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Hearing Date/Time: 3/22/2016 08:45 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201601016/1 - STA

Status: Final

Incident Number: 201601016/1-STA				
Date	Ticket #	Incident Officer	Location	Time
3/17/2016	201601016/1-STA	ANASTACIO, MARC T	B-HOUSE	06:40 PM
Offense	Violation	Final Result		
202	Damage Or Misuse of Property	Guilty		
304	Insolence	Guilty		
404	Violation Of Rules	Guilty		
Comments:none specified				
Witness Type	Witness ID	Witness Name	Witness Status	
No Witness Requested				

## RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 pleads not guilty and states no line was up.

## BASIS FOR DECISION

R/O reflects inmate Crawford M30080 had a line made out of a torn bed sheet tied around the cell bars and the top bunk. When ordered to take the line down inmate Crawford M30080 stated 'it's your job to take it and it's my job to make it.' 'I'm gonna put another line back up when you leave.'

Inmate Crawford M30080 violated Wardens Bulletin #2014-92 cell compliance.

Shakedown records indicate a 12 foot long cloths line was taken from cell B408 on 3/18/16.

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

## DISCIPLINARY ACTION (Consecutive to any priors)

## RECOMMENDED

3 Months C Grade  
Restitution of \$ 5.06 Paid to STATEVILLE CC  
Other : SMI  
3 Months Commissary Restriction  
Basis for Discipline: NATURE OF OFFENSE

## FINAL

3 Months C Grade  
Restitution of \$ 5.06 Paid to STATEVILLE CC  
Other : SMI  
3 Months Commissary Restriction

## Signatures

## Hearing Committee

BEST, CHARLES F - Chair Person

VENERABLE, WENDELL M

Recommended Action Approved

03/22/16

BLK

Signature

Date

Race

03/22/16

BLK

Signature

Date

Race

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE	IDOC Number: M30080	Race: BLK
Hearing Date/Time: 3/22/2016 08:45 AM	Living Unit: STA-B-04-08	Orientation Status: N/A
Incident Number: 201601016/1 - STA	Status: Final	

---

<u>RANDY S PFISTER / NRL 3/28/2016</u>	<u>03/28/16</u>
Chief Administrative Officer	Signature Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

<u>KATHY J BOGGESS</u>	<u>4/11/2016</u>	<u>10:30 AM</u>
Employee Serving Copy to Committed Person	When Served -- Date and Time	

2016

1016/1-54

B408

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Report

Date: 3/17/16

Type of Report:

☒ Disciplinary ☐ Investigative

Statute  
Facility

Offender Name: CRAWFORD, DEANDRE

ID #: M30080

Observation Date: 3/17/16

Approximate Time: 6:40

☐ a.m.  
☒ p.m.

Location: STA B408

Offense(s): DR 504: 200 DAMAGE OR MISUSE OF PROPERTY 304 INSURANCE 404 VIOLATION OF RULES

Observation: (NOTE: Each offense identified above must be substantiated.) ON THE ABOVE DATE AND APPROXIMATE TIME, THIS R/O WAS CONDUCTING ROOM CHECKS ON THE GALLERY WHEN THIS R/O OBSERVED A CLOTHES LINE RUNNING FROM THE FRONT OF THE CELL TO THE BACK. CLOTHES LINE WAS MADE OUT OF A TORN STATE LINEN SHEET APPROXIMATELY 80 FT LONG. THIS R/O, M. ANASTACIO #3982, COMPICATED THE LINE AND ISSUED A SHAWDOWN SLIP. THIS R/O ADVISED I/M CRAWFORD #M30080 TO NOT PUT A CLOTHES LINE. I/M CRAWFORD RESPONDED WITH "I WILL, TONIGHT." B408 HOUSE INMATES CRAWFORD #M30080 & KING #N54040. THIS IDENTIFIED BY STATE ILL. WARDEN'S BULLETIN #2014-92 STATES THAT "#4 THERE ARE TO BE NO LINES, ANYWHERE IN THE CELL. THIS R/O IS REQUESTING RESTITUTION FOR THE TORN STATE LINEN SHEET THAT WAS USED AS CLOTHES LINE. CLOTHES LINE DISPOSED OFF.

Witness(es): B. CARNAHAN

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

M. Anastacio  
Reporting Employee (Print Name)

0982  
Badge #

MAIL  
Signature

3/17/16  
Date

750  
Time

☐ a.m.  
☒ p.m.

Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge #

Shift Supervisor's Signature  
(For Transition Centers, Chief Administrative Officer)

Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee

☐ Minor Infraction, submitted to Program Unit

Maor K. Lasker  
Print Reviewing Officer's Name and Badge #

713

Signature

3-19-16  
Date

☒ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only)

F. M. Lasker  
Print Hearing Investigator's Name and Badge #

Signature

3/19/16  
Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

F. M. Lasker  
Serving Employee (Print Name)

Offender's Signature

5058

ID#

Signature

3/19/16  
Date Served

10:30  
Time Served

☐ a.m.  
☒ p.m.

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Page 1 of 1  
Printed on Recycled Paper

DOC 0317 (Rev. 2/2007)

Distribution: Master File  
Offender  
Facility (2)

ARB - Crawford 000091

## STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT

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ADMINISTRATIVE  
REVIEW BOARD

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201601028/1 - STA

Status: Final

Date	Ticket #	Incident Officer	Location	Time
3/18/2016	201601028/1-STA	RAGUSA, TERRENCE M	B-HOUSE	03:50 AM
Offense	Violation	Final Result		
202	Damage Or Misuse of Property	Guilty		
304	Insolence	Guilty		
404	Violation Of Rules	Guilty		
Witness Type	Witness ID	Witness Name	Witness Status	

No Witness Requested

## RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 states it was a shoe string hanging.

## BASIS FOR DECISION

R/O observed a clothes line approximately 100ft long made out of a state issued sheet running from the front of the cell to the back.

Inmate Crawford M30080 admitted to having a line hanging up.

Shakedown record reflects a clothes line approximately 100ft long was taken from cell B408 on 3/17/16.

R/O advised inmate Crawford M30080 not put a clothes line up, Inmate Crawford M30080 stated 'I will tomorrow.'

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

## DISCIPLINARY ACTION (Consecutive to any priors)

## RECOMMENDED

1 Months C Grade  
 Restitution of \$ 5.06 Paid to STATEVILLE CC  
 Other : SMI  
 1 Months Commissary Restriction

Basis for Discipline:NATURE OF OFFENSE

## FINAL

1 Months C Grade  
 Restitution of \$ 5.06 Paid to STATEVILLE CC  
 Other : SMI  
 1 Months Commissary Restriction

## Signatures

## Hearing Committee

BEST, CHARLES F - Chair Person

VENERABLE, WENDELL M

Recommended Action Approved

	03/22/16	BLK
Signature	Date	Race
	03/22/16	BLK
Signature	Date	Race

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201601028/1 - STA

Status: Final

RANDY S PFISTER / NRL 3/28/2016

Chief Administrative Officer

Signature

03/28/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS

Employee Serving Copy to Committed Person

4/11/2016

10:30 AM

When Served - - Date and Time

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Disciplinary Report

Stateville Facility

Date: 3/18/16

## Type of Report:

☒ Disciplinary ☐ Investigative

Offender Name: Crawford, Deandre

ID #: M30080

Observation Date: 3/18/16 Approximate Time: 3:50 ☐ a.m. ☒ p.m. Location: Bravo 408

Offense(s): DR 504: 202 Damage or misuse of Property 304 Insolence 404 Violation of Rules

Observation: (NOTE: Each offense identified above must be substantiated.) On the above date and approx. time this R/O T. Ragusa was conducting the 3:30 PM count with C/O Carnahan. Upon passing Cell Bravo 408 which houses inmate Crawford, ID# M30080 and King, R# N54043, this R/O noticed a torn bed sheet approximately 12 feet in length. It was tied around the cell bars and the top bunk. This R/O ordered I/M Crawford to take down the torn line and hand it to him. I/M Crawford stated "It's your job to take it, and it's my job to make it." He then stated "I'm gonna put another line back up when you leave." I/M Crawford then took down the line and gave it to this R/O. This R/O requests restitution for the torn state linen. I/M Crawford and King are in direct violation of wardens Bulletin #2014-92 Cell Compliance, Line 4 of the wardens bulletin states "There are to be no lines" any where in the cell. "Shake down slips were

Witness(es): C/O B. Carnahan

☒ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

T. Ragusa 11594 3/18/16 5:20 ☐ a.m. ☒ p.m.  
Reporting Employee (Print Name) Badge # Signature Date Time

## Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge #

Shift Supervisor's Signature  
(For Transition Centers, Chief Administrative Officer)

Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee☒ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #

Reviewing Officer's Signature

Date

☒ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only)

Print Hearing Investigator's Name and Badge #

Hearing Investigator's Signature

Date

## Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

## Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

Serving Employee (Print Name) F. M. L. sep

Offender's Signature

5258

ID#

Signature

Badge #

Date Served

Time Served

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Page 1 of 2

Printed on Recycled Paper

Distribution: Master File  
Offender  
Facility (2)

DOC 0317 (Rev. 2/2007)

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MAY 03 2016

ADMINISTRATIVE  
REVIEW BOARD

ARB - Crawford 000094

SAW

1016/1-5A

B408

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Report

Date: 3/17/16

Type of Report:  
☒ Disciplinary ☐ Investigative

Stateville  
Facility

Offender Name: CRAWFORD, DEANDRE

ID #: M30080

Observation Date: 3/17/16 Approximate Time: 6:40 a.m. Location: STA B408

Offense(s): DR 504: 304 DAMAGE OR MISUSE OF PROPERTY 304 INSURANCE 404 VIOLATION OF RULES

Observation: (NOTE: Each offense identified above must be substantiated.) ON THE ABOVE DATE AND APPROXIMATE TIME, THIS R/O WAS CONDUCTING ROOM CHECKS ON THE QUARTER WHEN THIS R/O OBSERVED A CLOTHES LINE RUNNING FROM THE FRONT OF THE CELL TO THE BACK. CLOTHES LINE WAS MADE OUT OF A TORN STATE LINEN SHEET APPROXIMATELY 100 FT LONG. THIS R/O, M. ANASTACIO #3982, COMPARSED THE LINE AND ISSUED A SHAWANON SLIP. THIS R/O ADVISED Y/M CRAWFORD #M30080 TO NOT PUT A CLOTHES LINE. Y/M CRAWFORD RESPONDED WITH "I WILL, TOMORROW." B408 HOUSE INMATES CRAWFORD #M30080 & KING #N54043. Y/M IDENTIFIED BY STATE IDS. WARDEN'S BULLETIN #2014-92 STATES THAT "4 THERE ARE TO BE NO LINES." ANYWHERE IN THE CELL. THIS R/O IS REQUESTING RESTITUTION FOR THE TORN STATE LINEN SHEET THAT WAS USED AS CLOTHES LINE. CRAWFORD DISPOSED OFF.

Witness(es): B. CARMANHA

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

M. ANASTACIO 3982 M. ANASTACIO 3/17/16 7:50 a.m.  
Reporting Employee (Print Name) Badge # Signature Date Time

Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge # Shift Supervisor's Signature (For Transition Centers, Chief Administrative Officer) Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee

☐ Minor Infraction, submitted to Program Unit

M. V. K. Laskey 713 3-19-16  
Print Reviewing Officer's Name and Badge # Reviewing Officer's Signature Date

☒ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only)

F. M. L. 5258 3/19/16  
Print Hearing Investigator's Name and Badge # Hearing Investigator's Signature Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, leaving it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

F. M. L. 5258 3/19/16 10:30 a.m.  
Serving Employee (Print Name) Offender's Signature Badge # Date Served Time Served Signature ID#

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness Witness badge or ID# Assigned Cell (if applicable) Title (if applicable)

Witness can testify to:

Print Name of witness Witness badge or ID# Assigned Cell (if applicable) Title (if applicable)

Witness can testify to:

Distribution: Master File  
Offender  
Facility (2)

Page of  
Printed on Recycled Paper

DOC 0317 (Rev. 2/2007)

ARB - Crawford 000095

## STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

## ADJUSTMENT COMMITTEE

## FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601016/1 - STA

Status: Final

Date	Ticket #	Incident Officer	Location	Time
3/17/2016	201601016/1-STA	ANASTACIO, MARC T	B-HOUSE	06:40 PM

Offense	Violation	Final Result	
202	Damage Or Misuse of Property	Guilty	
304	Insolence	Guilty	
404	Violation Of Rules	Guilty	
Comments:none specified			
Witness Type	Witness ID	Witness Name	Witness Status

No Witness Requested

## RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 pleads not guilty and states no line was up.

## BASIS FOR DECISION

R/O reflects inmate Crawford M30080 had a line made out of a torn bed sheet tied around the cell bars and the top bunk. When ordered to take the line down inmate Crawford M30080 stated 'it's your job to take it and it's my job to make it.' 'I'm gonna put another line back up when you leave.'

Inmate Crawford M30080 violated Wardens Bulletin #2014-92 cell compliance.

Shakedown records indicate a 12 foot long cloths line was taken from cell B408 on 3/18/16.

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

↑  
From  
3/18/16  
ty

## DISCIPLINARY ACTION (Consecutive to any priors)

## RECOMMENDED

3 Months C Grade

Restitution of \$ 5.06 Paid to STATEVILLE CC

Other : SMI

3 Months Commissary Restriction

Basis for Discipline: NATURE OF OFFENSE

## FINAL

3 Months C Grade

Restitution of \$ 5.06 Paid to STATEVILLE CC

Other : SMI

3 Months Commissary Restriction

## Signatures

## Hearing Committee

BEST, CHARLES F - Chair Person

03/22/16

BLK

Signature

Date

Race

VENERABLE, WENDELL M

03/22/16

BLK

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:45 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601016/1 - STA

Status: Final

RANDY S PFISTER / NRL 3/28/2016

03/28/16

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS

4/11/2016

10:30 AM

Employee Serving Copy to Committed Person

When Served - - Date and Time

29

1026/1-5A

B408

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Disciplinary Report

Stateville

Facility

Date: 3/18/16

Type of Report:

☒ Disciplinary ☐ Investigative

Offender Name: Crawford, Deandre

ID #: M30080

Observation Date: 3/18/16 Approximate Time: 3:50 ☐ a.m. ☒ p.m. Location: Bravo 408

Offense(s): DR 504: 202 Damage or misuse of property 304 Insultance 404 Violation of Rules

Observation: (NOTE: Each offense identified above must be substantiated.) On the above date and approx. time this R/O T. Ragusa was conducting the 3:30 PM count with C/O Camahan. Upon passing Cell Bravo 408 which houses inmate Crawford, ID# M30080 and King, R# N54043, this R/O noticed a torn bed sheet approximately 12 feet in length. It was tied around the cell bars and the top bunk. This R/O ordered I/M Crawford to take down the torn linen and hand it to him. I/M Crawford stated "It's your job to take it, and it's my job to make it." He then stated "I'm gonna put another line back up when you leave." I/M Crawford then took down the line and gave it to this R/O. This R/O requests restitution for the torn state linen. I/M Crawford and King are in direct violation of wardens Bulletin #2014-92 Cell Compliance, Line 4 of the wardens bulletin states "There are to be no lines" any where in the cell. "Shake down slips were

Witness(es): C/O B. Camahan

☒ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

T. Ragusa

Reporting Employee (Print Name)

11594  
Badge #

Signature

3/18/16  
Date

5:20  
Time

☐ a.m. ☒ p.m.

Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge #

Shift Supervisor's Signature  
(For Transition Centers, Chief Administrative Officer)

Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:

☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee

☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #

Reviewing Officer's Signature

Date

☒ Hearing Investigator's Review Required (Adult Correctional Facility Make Reports Only)

Print Hearing Investigator's Name and Badge #

Hearing Investigator's Signature

Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, tearing it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☒ Check if offender refused to sign

Offender's Signature

ID#

Serving Employee (Print Name)

Badge #

Signature

Date Served

Time Served

☐ a.m. ☒ p.m.

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Print Name of witness

Witness badge or ID#

Assigned Cell  
(if applicable)

Title (if applicable)

Witness can testify to:

Page 1 of 2

Distribution: Master File  
Offender  
Facility (2)

Printed on Recycled Paper

DOC 0317 (Rev. 2/2007)

ARB - Crawford 000098

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender Disciplinary Continuation Page

Stateville

Facility

☒ Disciplinary Report   ☐ Investigative Report   ☐ Disciplinary Summary   ☐ Adjustment Committee Summary

Report/Incident Date: 3/18/16   Incident # (if applicable): \_\_\_\_\_

**Offender Information:**

Offender Name: Crawford, Deandre   ID #: M30080

Use the space below to provide any additional information.

issued and the contraband was discarded. Inmates were identified by  
state issued I.D. Cards.

Page 2 of 2

## STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

## ADJUSTMENT COMMITTEE

## FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601028/1 - STA

Status: Final

Date	Ticket #	Incident Officer	Location	Time
3/18/2016	201601028/1-STA	RAGUSA, TERRENCE M	B-HOUSE	03:50 AM
Offense	Violation	Final Result		
202	Damage Or Misuse of Property	Guilty		
304	Insolence	Guilty		
404	Violation Of Rules	Guilty		
Witness Type	Witness ID	Witness Name	Witness Status	

No Witness Requested

## RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 states it was a shoe string hanging.

## BASIS FOR DECISION

R/O observed a clothes line approximately 100ft long made out of a state issued sheet running from the front of the cell to the back.

Inmate Crawford M30080 admitted to having a line hanging up.

Shakedown record reflects a clothes line approximately 100ft long was taken from cell B408 on 3/17/16.

R/O advised inmate Crawford M30080 not put a clothes line up, Inmate Crawford M30080 stated 'I will tomorrow.'

Inmate Crawford M30080 identified by ID card.

The committee is satisfied that inmate Crawford M30080 did in fact violate the charges cited.

DISCIPLINARY ACTION *(Consecutive to any priors)*

## RECOMMENDED

1 Months C Grade

Restitution of \$ 5.06 Paid to STATEVILLE CC

Other : SMI

1 Months Commissary Restriction

Basis for Discipline:NATURE OF OFFENSE

## FINAL

1 Months C Grade

Restitution of \$ 5.06 Paid to STATEVILLE CC

Other : SMI

1 Months Commissary Restriction

## Signatures

## Hearing Committee

BEST, CHARLES F - Chair Person

03/22/16

BLK

Signature

Date

Race

VENERABLE, WENDELL M

03/22/16

BLK

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 3/22/2016 08:40 AM

Living Unit: STA-B-06-20

Orientation Status: N/A

Incident Number: 201601028/1 - STA

Status: Final

---

RANDY S PFISTER / NRL 3/28/2016

03/28/16

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS

4/11/2016

10:30 AM

Employee Serving Copy to Committed Person

When Served - - Date and Time

**State of Illinois -- Department of  
Corrections Disciplinary Tracking Inmate  
Disciplinary Card**

Name: CRAWFORD, DEANDRE

IDOC # : M30080

Transferred In: 2012-07-17

Disciplinary History from 1/1/1998 through 10/12/2016

Living Unit: STA/B /06/20

Incident Date

Incident/Summ#/Inst.

Ticket Type

Offense Codes, Descriptions

Disciplinary Action

10/24/2014	206 Intimidation Or Threats	<u>Guilty</u>	Other : SMI
201403346/1-STA	Reduced to : 304		1 Months Commissary Restriction
Major			
3/17/2016	202 Damage Or Misuse of Property	<u>Guilty</u>	3 Months C Grade/Level
201601016/1-STA	304 Insolence	<u>Guilty</u>	Restitution of \$ 5.06 Paid to STATEVILLE (
Major	404 Violation Of Rules	<u>Guilty</u>	Other : SMI
	Comments: none specified		3 Months Commissary Restriction
3/18/2016	202 Damage Or Misuse of Property	<u>Guilty</u>	1 Months C Grade/Level
201601028/1-STA	304 Insolence	<u>Guilty</u>	Restitution of \$ 5.06 Paid to STATEVILLE (
Major	404 Violation Of Rules	<u>Guilty</u>	Other : SMI
			1 Months Commissary Restriction

## STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

## ADJUSTMENT COMMITTEE

## FINAL SUMMARY REPORT

Name: KING, RAYMOND E

IDOC Number: N54043

Race: BLK

Hearing Date/Time: 3/22/2016 08:50 AM

Living Unit: STA-F-02-07

Orientation Status: N/A

Incident Number: 201601026/1 - STA

Status: Expunged Final

Date	Ticket #	Incident Officer	Location	Time
3/17/2016	201601026/1-STA	ANASTACIO, MARC T	B-HOUSE	06:40 PM

Offense	Violation	Final Result
202	Damage Or Misuse of Property	
304	Insolence	
404	Violation Of Rules	
	<i>Comments:none specified</i>	

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

## RECORD OF PROCEEDINGS

Inmate King N54043 present and DR read. Inmate King N54043 pleads not guilty.

## BASIS FOR DECISION

Cellmate Crawford M30080 admits to guilt.

DISCIPLINARY ACTION *(Consecutive to any priors)*

RECOMMENDED

FINAL

---- EXPUNGED ----

Basis for Discipline:

## Signatures

## Hearing Committee

BEST, CHARLES F - Chair Person

03/22/16

BLK

Signature

Date

Race

VENERABLE, WENDELL M

03/22/16

BLK

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

RANDY S PFISTER / NRL 3/25/2016

03/25/16

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESE

4/11/2016

10:30 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

## STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

## ADJUSTMENT COMMITTEE

## FINAL SUMMARY REPORT

Name: KING, RAYMOND E

IDOC Number: N54043

Race: BLK

Hearing Date/Time: 3/22/2016 08:52 AM

Living Unit: STA-F-02-07

Orientation Status: N/A

Incident Number: 201601029/1 - STA

Status: Expunged Final

Date	Ticket #	Incident Officer	Location	Time
3/18/2016	201601029/1-STA	RAGUSA, TERRENCE M	B-HOUSE	03:50 PM

Offense	Violation	Final Result
202	Damage Or Misuse of Property	
404	Violation Of Rules	
	<i>Comments:none specified</i>	

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

## RECORD OF PROCEEDINGS

Inmate King N54043 present and DR read. Inmate King N54043 pleads not guilty.

## BASIS FOR DECISION

Cellmate Crawford M30080 admits to guilt.

## DISCIPLINARY ACTION (Consecutive to any priors)

RECOMMENDED

FINAL

--- EXPUNGED ---

Basis for Discipline:

## Signatures

## Hearing Committee

BEST, CHARLES F - Chair Person	Signature	03/22/16	BLK
VENERABLE, WENDELL M	Signature	03/22/16	BLK
Recommended Action Approved	Signature	Date	Race

Final Comments: N/A

RANDY S PFISTER / NRL 3/25/2016

03/25/16

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

KATHY J BOGGESS

4/11/2016

10:30 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

October 12, 2016

Deandre Crawford  
Register No. M30080  
Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on May 3, 2016, regarding two (2) disciplinary reports dated March 17<sup>th</sup> and 18<sup>th</sup> of 2016, which was alleged to have occurred at Stateville Correctional Center. This office has determined the issues will be addressed without a formal hearing.

This office has reviewed your grievance dated April 12, 2016 regarding the above issued reports and claims your due process rights were violated as no Psyche Doctor sat during your Adjustment Committee Hearings.

The Grievance Officer's Report (1742) and subsequent recommendation dated April 18, 2016 and approval by the Chief Administrative Officer on April 20, 2016 have been reviewed.

This office reviewed the disciplinary report dated March 17, 2016 written by C/O Anastacio citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601016/1-STA).

This office reviewed the disciplinary report dated March 18, 2016 written by C/O Ragusa citing Crawford for the offenses of 202, 304 and 404; along with the corresponding Adjustment Committee Summary (201601028/1-STA).

Per contact with Stateville Staff, at the time of these Hearings, a MHP was not required to sit on the Adjustment Committee.

Based on a total review of all available information and a compliance check of the procedural due process safeguards outlined in DR504, this office is reasonably satisfied the offender committed the offenses and recommends the grievance be denied. However, it appears the Adjustment Committee erroneously put the information from C/O Anastacio's IDR, into the Basis for Decision of C/O Ragusa's IDR and vice versa. Adjustment Committee Staff are to correct this and provide Offender Crawford with copies of the corrected Summaries. Additionally, Warden's Bulletin 2014-92 is cited for both 404 charges written.

FOR THE BOARD:

*Sherry Benton*

Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

I concur. Adj. Comm. is to proceed as outlined above.

*John R. Baldwin*

John R. Baldwin  
Acting Director

cc: Warden, Stateville Correctional Center  
Adj. Comm., Stateville Correctional Center  
Jim Laris, Stateville Correctional Center  
Deandre Crawford, Register No. M30080

*Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.*

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

ARB - Crawford 000105

*done 10/25/16*

**STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT**

Name: CRAWFORD, DEANDRE      IDOC Number: M30080      Race: BLK  
Hearing Date/Time: 3/22/2016 08:40 AM      Living Unit: STA-B-06-09      Orientation Status: N/A  
Incident Number: 201601028/3 - STA      Status: Final

Date	Ticket #	Incident Officer	Location	Time
3/18/2016	201601028/1-STA	RAGUSA, TERRENCE M	B-HOUSE	03:50 AM

Offense	Violation	Final Result
202	Damage Or Misuse of Property	Guilty
304	Insolence	Guilty
404	Violation Of Rules	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

**RECORD OF PROCEEDINGS**

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 states it was a shoe string hanging.

**BASIS FOR DECISION**

R/O reflects inmate Crawford M30080 had a line made out of a torn bed sheet tied around the cell bars and the top bunk. When ordered to take the line down inmate Crawford M30080 stated 'it's your job to take it and it's my job to make it.' 'I'm gonna put another line back up when you leave.'

Inmate Crawford M30080 violated Wardens Bulletin #2014-92 cell compliance.

Shakedown records indicate a 12 foot long cloths line was taken from cell B408 on 3/18/16.

Inmate Crawford M30080 identified by ID card.

Per mental health, inmate Crawford M30080 Mental Health did not contribute to the underlying behavior of the offense for which the doc 0317 was issued. 0-6 months in seg was recommended. Doc 0443 form attached to disciplinary report in inmates master file.

The committee is satisfied the violations occurred as reported.

**DISCIPLINARY ACTION** (Consecutive to any priors)

**RECOMMENDED**

1 Months C Grade  
Restitution of \$ 5.06 Paid to STATEVILLE CC  
Other : SMI  
1 Months Commissary Restriction

Basis for Discipline: NATURE OF OFFENSE

**FINAL**

1 Months C Grade  
Restitution of \$ 5.06 Paid to STATEVILLE CC  
Other : SMI  
1 Months Commissary Restriction

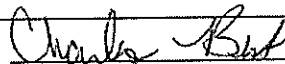
**Signatures**

**Hearing Committee**

BEST, CHARLES F - Chair Person

VENERABLE, WENDELL M

Recommended Action Approved



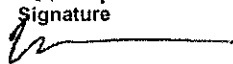
Signature

03/22/16

Date

BLK

Race



Signature

03/22/16

Date

BLK

Race

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE  
Hearing Date/Time: 3/22/2016 08:40 AM  
Incident Number: 201601028/3 - STA

IDOC Number: M30080  
Living Unit: STA-B-06-09  
Status: Final

Race: BLK  
Orientation Status: N/A

RANDY S PFISTER / RSP 10/31/2016

Chief Administrative Officer

Signature

10/31/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

Employee Serving Copy to Committed Person

When Served - Date and Time

**STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT**

Name: CRAWFORD, DEANDRE      IDOC Number: M30080      Race: BLK  
Hearing Date/Time: 3/22/2016 08:45 AM      Living Unit: STA-B-06-09      Orientation Status: N/A  
Incident Number: 201601016/3 - STA      Status: Final

Date	Ticket #	Incident Officer	Location	Time
3/17/2016	201601016/1-STA	ANASTACIO, MARC T	B-HOUSE	06:40 PM

Offense	Violation	Final Result
202	Damage Or Misuse of Property	Guilty
304	Insolence	Guilty
404	Violation Of Rules	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

**RECORD OF PROCEEDINGS**

Inmate Crawford M30080 present and DR read. Inmate Crawford M30080 pleads not guilty and states no line was up.

**BASIS FOR DECISION**

R/O observed a clothes line approximately 100ft long made out of a state issued sheet running from the front of the cell to the back.

Inmate Crawford M30080 admitted to having a line hanging up.

Shakedown record reflects a clothes line approximately 100ft long was taken from cell B408 on 3/17/16.

R/O advised inmate Crawford M30080 not put a clothes line up, Inmate Crawford M30080 stated 'I will tomorrow.'

Inmate Crawford M30080 identified by ID card.

Per mental health, inmate Crawford M30080 Mental Health did not contribute to the underlying behavior of the offense for which the doc 0317 was issued. 0-6 months in seg was recommended. Doc 0443 form attached to disciplinary report in inmates master file.

The committee is satisfied the violations occurred as reported.

**DISCIPLINARY ACTION** (Consecutive to any priors)

**RECOMMENDED**

3 Months C Grade  
Restitution of \$ 5.06 Paid to STATEVILLE CC  
Other : SMI  
3 Months Commissary Restriction  
Basis for Discipline:NATURE OF OFFENSE

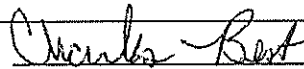
**FINAL**

3 Months C Grade  
Restitution of \$ 5.06 Paid to STATEVILLE CC  
Other : SMI  
3 Months Commissary Restriction

**Signatures**

**Hearing Committee**

BEST, CHARLES F - Chair Person



03/22/16

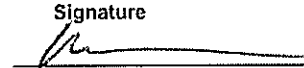
BLK

Signature

Date

Race

VENERABLE, WENDELL M



03/22/16

BLK

Signature

Date

Race

Recommended Action Approved

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE      IDOC Number: M30080      Race: BLK  
Hearing Date/Time: 3/22/2016 08:45 AM      Living Unit: STA-B-06-09      Orientation Status: N/A  
Incident Number: 201601016/3 - STA      Status: Final

---

RANDY S PFISTER / RSP 10/31/2016


Chief Administrative Officer

  
Signature

10/31/16

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

  
Employee Serving Copy to Committed Person

11/3/16 900/AN  
When Served -- Date and Time

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, Deandree  
Register # M30080  
Facility: Stateville

Date: 9/28/16

This is in response to your grievance received on 3/23/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 1/21/16 Grievance Number: H175 Griev Loc: Stateville

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary \_\_\_\_\_
- ☐ Personal Property \_\_\_\_\_
- ☐ Mailroom/Publications \_\_\_\_\_
- ☐ Assignment (job, cell) \_\_\_\_\_

- ☐ Commissary \_\_\_\_\_
- ☐ Trust Fund \_\_\_\_\_
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated \_\_\_\_\_  
Incident # \_\_\_\_\_

☒ Other Medical- did not receive meds  
1/18/16, 1/19/16 & 1/21/16

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.

- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: Medical records reflect offender received meds 1/18/16 & 1/19/16 but was not in his cell 1/21/16 when meds were passed out.

FOR THE BOARD: Debbie Knauer  
Debbie Knauer  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director 9/29/16

CC: Warden, Stateville Correctional Center  
CRAWFORD, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

ARB - Crawford 000110

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 2/9/16

Date of Review: 3/10/16

Grievance # H175

Committed Person: CRAWFORD, DeAndre

ID #: M30080

Nature of Grievance: Medical Treatment

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ADMINISTRATIVE  
REVIEW BOARD

Facts Reviewed: Grievant claims that he is not receiving his meds.

Grievance Officer finds that per After reviewing offender's medical record. Per the medication administration record the offender was not in his cell during the A.M. medication pass. The offender was not able to receive his A.M. meds due to it being too close to the next dose of medication per the medical providers.

All proper policies and procedures have been followed at this time.  
If offender has any more issues he should follow the proper sick call procedures including the Copay.

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

Jill Hosselton, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 3/10/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: 1/21/16	Offender: DeAndre Crawford (Please Print)	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time                | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment            | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify) <u>GRIEVANCE OFFICE</u> |   |
- ☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: FLB 002016

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: A# 1175  
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

el take psy meds for Bipolar Disorder and Borderline Personality Disorder State. Three times this week el was not given my meds. Monday RN Lidda (the short one) just walked pass my cell. On Tuesday January 19, 2016 RN Lidda came to pass out meds. At that time el was in the middle of prayer. She said, "el don't have time for this" and left without giving me my meds. Today el was out of the cellhouse when meds was given. However el returned

Relief Requested: \_\_\_\_\_

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Offender's Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_  
(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1/22/16 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to HCU for review and response. The original has been forwarded to the grievance office. You will receive a final response once the Health Care unit responds to same.

Print Counselor's Name: L. Dennis Counselor's Signature: L. Dennis Date of Response: 2.5.16

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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MAR 23 2016

ADMINISTRATIVE REVIEW BOARD

ARB-Crawford 000112

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

to the cellhouse at 9:47 am. I spoke to C/O Baroda and told him I didn't get my meds. He told me he'd come and let me out whenever he gets a chance. I then talk to Sgt. Panaygo and told him that I needed my psy meds. He told me, "Whatever, I got lanes to run. We'll get to you when we get to you." I then spoke to Lt. Bennett and told her that I was trying to get to HCU to get my psy meds. She said, "After what you pulled Sunday, I can't do anything for you." I was finally let out of my cell at 12:04 pm. I went to ~~the~~ HCU. I was told by C/O McNight that the nurse said that it was too late for me to get my meds. I asked him who did he talk to, and who said that it was too late. C/O McNight told me, "I can not give out that type of information." I explained that I needed and take psy meds. C/O McNight then told me, "I'm ~~anxiety~~ security, they're medical so you have to go back. The nurses that was at HCU at this time were: Nurse Lidda, (RN), Tina, Paige, Christal, Amanda, Don and a Black Nurse with glasses that work for Wexford. Whom I'd never seen before. This is not a policy, however these nurses and staff have self imposed this as a policy. I've been in a state of manic depression for ~~four~~ days and had sudden fits of uncontrollable crying for no reason the ~~past~~ past two days.

# Proof of Service

I DeAndre Crawford, being sworn under penalty of perjury do state: That on March 21, 2016 I have placed both grievance STA # 175, and grievance officer report dated 3/10/16 in the Stateville Correctional Center mail service. To be delivered to the Administrative Review Board.

RECEIVED

MAR 23 2016

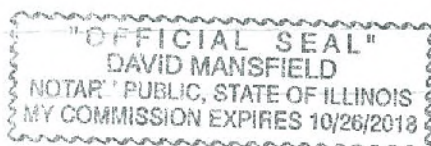
ADMINISTRATIVE  
REVIEW BOARD

To: Administrative Review Board  
P.O. Box 19277,  
Springfield, IL 62794-9277

Respectfully  
DeAndre Crawford # M30080  
P.O. Box 112  
Joliet, IL 60434

Subscribed and sworn to before me  
this 21<sup>st</sup> day March, 2016.

David Mansfield



## **Knauer, Debbie**

---

**From:** Utke, Tiffany  
**Sent:** Wednesday, September 28, 2016 11:31 AM  
**To:** Knauer, Debbie  
**Subject:** RE: DeAndre Crawford M30080

Per the MAR he received them 1/18/16, 1/19/16 but was not in his cell 1/21/16. I don't know where he was that day.

---

**From:** Knauer, Debbie  
**Sent:** Wednesday, September 28, 2016 11:10 AM  
**To:** Utke, Tiffany; Garcia, Cynthia L.  
**Subject:** RE: DeAndre Crawford M30080

Have you had a chance to look in to this?

Thanks  
Debbie

---

**From:** Knauer, Debbie  
**Sent:** Wednesday, August 24, 2016 10:22 AM  
**To:** Utke, Tiffany; Garcia, Cynthia L.  
**Subject:** DeAndre Crawford M30080

I am reviewing a grievance from Crawford wherein he claims on 1/18/16, 1/19/16 and 1/21/16 he was not given his AM medication? Can you check and see if he was or was not given his medication?

Thanks

Debbie Knauer  
Office of Inmate Issues  
Administrative Review Board  
217-558-2200 Ext. 2035  
Fax 217-522-1957

State of Illinois - CONFIDENTIALITY NOTICE: The information contained in this communication is confidential, may be attorney-client privileged or attorney work product, may constitute inside information or internal deliberative staff communication, and is intended only for the use of the addressee. Unauthorized use, disclosure or copying of this communication or any part thereof is strictly prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately by return e-mail and destroy this communication and all copies thereof, including all attachments. Receipt by an unintended recipient does not waive attorney-client privilege, attorney work product privilege, or any other exemption from disclosure.

Bruce Rauner  
Governor



John Baldwin  
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, Deandre

Date: July 21, 2014

Register # M30080

Facility: Stateville

This is in response to your grievance received on 3/14/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAC response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 12/14/15 Grievance Number: H197 Griev Loc: Sta/HCU

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)

- ☐ Commissary
- ☐ Trust Fund
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated \_\_\_\_\_ Incident # \_\_\_\_\_

☒ Other Dental - non tx 12/15/15 - 12/16/15

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03-103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: This claim is not substantiated. Follow sick call procedure.

FOR THE BOARD: S. Benton  
Sherry Benton  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden Stateville Correctional Center  
Crawford, Deandre, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/ldoc

ARB - Crawford 000116

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

3408

Grievance Officer's Report

Date Received: 2/16/16

Date of Review: 3/4/16

Grievance # H197

Committed Person: CRAWFORD, DeAndre

ID #: M30080

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims that he is not receiving proper medical treatment[dental].

Grievance Officer finds that per medical records Mr. Crawford was initially seen, on 1/28/2015, for a root canal treatment on tooth #9 with Dr. Cavit. At that appointment the nerve was removed from the tooth. The canal in the tooth was enlarged to a size 60 at 25mm. The tooth was medicated and sealed with a temporary filling. He was scheduled for a return appointment on 2/6/2015 but left the Healthcare Unit before he was seen. He was rescheduled for a follow up visit on 2/18/2015. On 2/18/2015 he entered the dental clinic saw Dr. Garg and I and refused the appointment. Mr. Crawford refused to sign the refusal form. Sgt. Sievers and Kim Gregory, dental assistant signed as a witness to the refusal. Mr. Crawford was advised to put in a request when he was ready to resume services. He was a no show for the next appointment on 12/15/2015 due to an institutional lockdown. He was rescheduled to 12/17/2015 but again was a no show due to the institutional lockdown. He was seen on 12/21/2015 and upon examination the temporary filling was still present over the access hole in the tooth. Additionally when the nerve in a tooth has been removed as in the case of an endodontic tooth no pain exists unless the patient has an infection. In this case no infection existed. The root canal on tooth #9 was completed at this appointment.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

Jill Hosselton, CCH

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 3/4/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

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MAR 14 2016  
ADMINISTRATIVE  
REVIEW BOARD

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

3/9/16

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>12/16/15</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify): _____

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
**Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
**Chief Administrative Officer**, only if **EMERGENCY** grievance.  
**Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):  
On 12/11/15 the temporary filling I've had in my tooth since Dec 2014 or Jan 2015 has come out. I put in a medical request slip due to the pain I was having on 12/13/15. I was seen by Nurse Don Mills at sick call on 12/14/15 after I had spoken to Nurse Paige who was passing out daily meds. I told Paige that I could not take my meds because the tooth hurt every time anything touches it. She told me to put in another request slip. I was then seen by Mills who saw that the filling had come out and said, "you have a big hole."  
**Relief Requested:** to have treatment for my tooth

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 12/16/15  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>12/19/15</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62794-9277
<b>Response:</b> <u>A copy of this grievance has been forwarded to the HC for review and response. The original has been forwarded to the grievance officer. You will receive a final response from the grievance officer once the health care unit responds to same.</u> <u>Dennis</u> <u>L. Dennis</u> <u>2/12/16</u> Print Counselor's Name Counselor's Signature Date of Response	

EMERGENCY REVIEW	
Date Received: <u>1/1</u>	<p style="text-align: center; font-size: 1.2em; color: blue;"><b>RECEIVED</b></p> <p style="text-align: center; font-size: 1.1em; color: blue;"><b>MAR 14 2016</b></p> <p style="text-align: center; font-size: 1.1em; color: blue;"><b>ADMINISTRATIVE REVIEW BOARD</b></p>
<p>Is this determined to be of an emergency nature?</p> <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
<p>_____  Chief Administrative Officer's Signature Date: _____</p>	

in that tooth. Mills called Dental who ~~put~~ sent me a call pass for 12/15/15. I spoke to my gallery officer Willington about the pain I was still having in my tooth and ask if he would call Dental. Willington told me that "they are only taking people they call for. Again Paige was the nurse to passout meds in B-House. I spoke to her again. I told her that I had a call pass, and asked her to call Dental to see if they were going to honor the call pass. She said the best she could tell me is to put in another request slip. I sent my request slip to Nurse Mills who was running in-house sick call again. Nurse Mills refuse to take the second request slip, and said he did all he could do yesterday. I then talk to Sgt. Panazzo and explained the situation to him. He said he's not call anybody. If Dental wants to see you they'll call over here for you. Mills said he talked to Dr. Mitchell on 12/14/15. Then today I spoke with officer Borota the gallery officer. I explained to him that my tooth has a big hole in it and has been causing me pain since Friday the 11th. I asked him to call Dr. Mitchell to see if she'd get over to Dental, because all emergency request are suppose to be seen within 24/h. Borota said he told the Sgt and that he did his part. So it's not on him.

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, Deandre

Date: July 21, 2014

Register # M30080

Facility: Stateville

This is in response to your grievance received on 3/14/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: 3/21/14 Grievance Number: H149 Griev Loc: Sta/HCU

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary _____                                |
| <input type="radio"/> Dietary _____   | <input type="radio"/> Trust Fund _____                                |
| <input type="radio"/> Personal Property _____                                 | <input type="radio"/> Conditions (cell conditions, cleaning supplies) |
| <input type="radio"/> Mailroom/Publications _____                             | <input type="radio"/> Disciplinary Report dated _____                 |
| <input type="radio"/> Assignment (job, cell) _____                            | <input type="radio"/> Incident # _____                                |

☒ Other Dr's failure to TX jaw/3 teeth issues. HCU visit 1/18/14

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with ADD5.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: Claims against staff are not substantiated. You needed to have followed sick call procedures for new issues.

FOR THE BOARD: S. Benton  
Sherry Benton  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden Stateville Correctional Center  
Crawford, Deandre Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ARB - Crawford 000120

www.illinois.gov/idoc

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 2/16/16

Date of Review: 3/4/16

Grievance # H199

Committed Person: CRAWFORD, DeAndre

ID #: M30080

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims that he is not receiving proper medical treatment[dental].

Grievance Officer finds that per medical records Mr. Crawford was seen for a completion on his root canal on 12/21/2015 and received a temporary filling which is the customary treatment for an endodontic treated tooth. The clinician customarily waits at least six weeks before a permanent filling is placed. This time period allows the dentist to determine if the patient is going to have any problems with the tooth. Mr. Crawford's appointments on 1/11/16, 1/13/2016, and 1/18/2016 were for his biennial exam. He was scheduled and seen for the permanent filling on 2/10/2016.

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

RECEIVED

MAR 14 2016

ADMINISTRATIVE  
REVIEW BOARD

Jill Hosselton, CCH

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 3/7/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: 1/21/16	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify):             |   |
- ☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On Dec 11, 2015 a temp filling that I've had for a year fell out. I was seen by Dr. Mitchell a week later. Dr. Mitchell put in another temp filling. I had a call pass for 1/11/16 but was rescheduled. Again I was given a call pass for 1/13/16 but do to a level 4 lockdown I was not seen. On 1/18/16 I was seen by Dr. Obenhausser for a two year exam. I told him how long the old filling had been in, and when I got the new temp. I told him that I

Relief Requested: \_\_\_\_\_

RECEIVED

MAR 14 2016

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

ADMINISTRATIVE  
REVIEW BOARD

Offender's Signature

ID#

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1/22/16

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HCUB for review and response. The original has been forwarded to the grievance office. You will receive a first response from the grievance office once the health care unit responds to same.

Print Counselor's Name

Counselor's Signature

Date of Response

EMERGENCY REVIEW

Date Received: 1/21/16

Is this determined to be of an emergency nature?

- ☐ Yes; expedite emergency grievance  
☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

was having pain in my lower left jaw and three lower left teeth for the last five days. He told me that I would have to put in a request list to have that looked at. Since Dec 2015 Dr. Mitchell, Dr. Obenhouser and Dr. Garg have been in dental and could have seen me. I've submitted a request slip on 1/19/16. I have not received a call pass # 95 on yet.

# Proof of Service

I DeAndre Crawford sworn under penalty of perjury do swear to the following: That on March 10, 2016 I have placed grievance # STA Numbers #1197, #199, #200 with grievance officer's report signed March 9, 2016 in the Stateville Correctional Center mail service. To be mailed.

To: Administrative Review Board  
P.O. Box 19277  
Springfield, IL. 62794-9277

**RECEIVED**

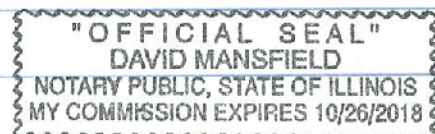
MAR 14 2016

**ADMINISTRATIVE  
REVIEW BOARD**

Respectfully  
DeAndre Crawford  
M30080  
P.O. Box 112  
Joliet, IL. 60434

Subscribed and sworn to before me  
this 10<sup>th</sup> day March, 2016.

David Mansfield



Bruce Rauner  
Governor



John Baldwin  
Acting Director

The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, Deandre

Date: July 21, 2014

Register # M30080

Facility: Stateville

This is in response to your grievance received on 3/14/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 1/15/14 Grievance Number: H200 Griev Loc: Sta/HCU

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary                                      |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund                                      |
| <input type="radio"/> Personal Property                                       | <input type="radio"/> Conditions (cell conditions, cleaning supplies) |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated _____                 |
| <input type="radio"/> Assignment (job, cell)                                  | Incident # _____  |

Other: Dental follow-up From Dec 2015

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with ADC5.03.403A-(Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: Moot. You have since been seen. Please follow facility's sick procedures.

FOR THE BOARD: S. Benton  
Sherry Benton  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden Stateville Correctional Center  
Crawford, Deandre, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

www.illinois.gov/idoc

ARB - Crawford 000125

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

5408

Grievance Officer's Report

Date Received: 2/16/16

Date of Review: 3/4/16

Grievance # H200

Committed Person: CRAWFORD, DeAndre

ID #: M30080

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims that he is not receiving proper medical treatment[dental].

Grievance Officer finds that per medical records Mr. Crawford was seen for a completion on his root canal on 12/21/2015 and received a temporary filling which is the customary treatment for an endodontic treated tooth. The clinician customarily waits at least six weeks before a permanent filling is placed. This time period allows the dentist to determine if the patient is going to have any problems with the tooth. Mr. Crawford's appointments on 1/11/16, 1/13/2016, and 1/18/2016 were for his biennial exam. He was scheduled and seen for the permanent filling on 2/10/2016.

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

RECEIVED  
MAR 14 2016  
ADMINISTRATIVE  
REVIEW BOARD

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

Jill Hosselton, CCH

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 3/4/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

3/9/16

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>1/15/16</u>	Offender: <u>DeAndre Crawford</u> (Please Print)	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>
<b>NATURE OF GRIEVANCE:</b>		
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Personal Property</div><div style="width: 33%;"><input type="checkbox"/> Mail Handling</div><div style="width: 33%;"><input type="checkbox"/> Restoration of Good Time</div><div style="width: 33%;"><input type="checkbox"/> ADA Disability Accommodation</div><div style="width: 33%;"><input type="checkbox"/> Staff Conduct</div><div style="width: 33%;"><input type="checkbox"/> Dietary</div><div style="width: 33%;"><input checked="" type="checkbox"/> Medical Treatment</div><div style="width: 33%;"><input type="checkbox"/> HIPAA</div><div style="width: 33%;"><input type="checkbox"/> Transfer Denial by Facility</div><div style="width: 33%;"><input type="checkbox"/> Transfer Denial by Transfer Coordinator</div><div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div></div>		
<input type="checkbox"/> Disciplinary Report: _____ Date of Report		Facility where issued: <u>Stateville</u>
<p><b>Note:</b> Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p><b>Complete:</b> Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if <b>EMERGENCY</b> grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p><b>Summary of Grievance</b> (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>I have been waiting for a year to have a temporary filling replaced with a permenate one. During a level 4 dead lock my temp filling came out in Dec of 2015. I was seen by Dr. Mitchell a week later and she removed the rest of the root and put in another temp filling. It has been well over three weeks and I have not been called back. I was sent a pass for 1/11/16 but was told I would be rescheduled. Then I was sent a second pass for 1/13/16, but</u></p>		
<p><b>Relief Requested:</b> <u>To have the work that was started on my tooth finished and have the temp filling replaced with a permenate one.</u></p>		
<p><input type="checkbox"/> Check only if this is an <b>EMERGENCY</b> grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p>		
<u>DeAndre Crawford</u> Offender's Signature		<u>M30080</u> <u>1/15/16</u> ID# Date

(Continue on reverse side if necessary)

**Counselor's Response (if applicable)**

Date Received: 1 1 20 11

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HCU for review and response. The original has been forwarded to the grievance officer. You will receive a final response from the grievance officer once the health care unit responds to same.

L. Dennis Print Counselor's Name

L. Dennis Counselor's Signature

2 12 11 Date of Response

<div style="text-align: center;"> <b>EMERGENCY REVIEW</b>  <b>RECEIVED</b>  <b>MAR 14 2010</b> </div>	
Date _____ Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

again we went on a level four lock down. This intentional delay of treatment could lead to an infection in the tooth that has the temp filling in it.



The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, DeAndre  
Register # M30080  
Facility: Stateville

Date: 5/18/16

This is in response to your grievance received on 2/8/16. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 10/6/15 Grievance Number: 4836 Griev Loc: Stateville

- ☐ Transfer denied by the Facility or Transfer Coordinator  
☐ Dietary  
☐ Personal Property  
☐ Mailroom/Publications  
☐ Assignment (job, cell)

- ☐ Commissary  
☐ Trust Fund  
☐ Conditions (cell conditions, cleaning supplies)  
☐ Disciplinary Report dated \_\_\_\_\_ Incident # \_\_\_\_\_  
☒ Other Medication - Depakote

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_  
☐ Denied, in accordance with DR504F, this is an administrative decision.  
☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.  
☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  
☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.  
☐ Denied as the facility is following the procedures outlined in DR525.  
☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  
☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.  
☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.

Other: Most, staff indicated offender received the medication

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John R. Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 12/10/15

Date of Review: 2/1/16

Grievance # 4836

Committed Person: CRAWFORD, DeAndre

ID #: M30080

Nature of Grievance: Medical Treatment

Facts Reviewed: Grievant claims that he is not receiving his seizure meds

Grievance Officer finds that per Medical Records offender received his meds on 10/26/15

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

**RECEIVED**

FEB 08 2016

**ADMINISTRATIVE  
REVIEW BOARD**

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

Jill Hosselton, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 2/1/16

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

De Andre Crawford

Committed Person's Signature

M30080

ID#

2/4/16

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 10/6/15	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify):             |   |
| <input type="checkbox"/> Disciplinary Report: _____  |  |   |   |

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have seizures and was taken Depakote for it. However I haven't been getting it, but I have been receiving my other meds. I was seen by Dr. Maitay on 9/30/15 and she told me that my prescription was good until next year. This was after I told her about my last seizure on 9/13/15 and that I am still having pain in my left shoulder.

Relief Requested: to continue getting my seizure meds.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford  
Offender's Signature

M30080

10, 6, 15  
Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 10, 22, 15

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: According to the pharmacy tech, Regina Beattie, Crawford M30080 received his seizure meds on 10/22/15.

L. Dennis  
Print Counselor's Name

L. Dennis  
Counselor's Signature

11, 5, 15  
Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_

Is this determined to be of an emergency nature?

- ☐ Yes; expedite emergency grievance  
☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

# PROOF OF SERVICE

I DeAndre Crawford #M30080 hereby do swear that on February 4, 2016 I have placed grievance STA #4836 in the Stateville Correctional Center mail service to be sent to the A.R.B. ~~board~~ board.

To: Administrative Review Board  
P.O. Box 19277  
Springfield, IL. 62794-9277

Respectfully,  
DeAndre Crawford #M30080  
P.O. Box 112  
Joliet, IL. 60434

I swear under penalty of perjury that the above information is true and accurate to the best of my knowledge.

**RECEIVED**

FEB 08 2016

**ADMINISTRATIVE  
REVIEW BOARD**



## The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

May 4, 2016

DeAndre Crawford  
Register No. M30080  
Stateville Correctional Center

Dear Mr. Crawford:

This will **finalize** your response to your grievance received on September 30, 2015, regarding Medical (morning medication not received during Ramadan), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Crawford grieves since the beginning of Ramadan on June 18, 2015 he has not received his morning psych and seizure medications. He claims due to fasting the medications are to be brought to him during the 11-7 shift. He grieves since the medications are a "watch take" he has not been able to take the medications due to fasting from sun up to sun down. He claims this has caused him to request a crisis team member several times and has been denied.

The Grievance Officer's Report (H643) and subsequent recommendation dated August 27, 2015 and approval by the Chief Administrative Officer on September 1, 2015 have been reviewed.

The grievance officer indicated according to the medication administration record the offender refused his medication. This office remanded Offender Crawford's grievance to Warden Pfister for review of the policy procedure for offenders who are fasting during Ramadan to receive medications.

Per healthcare staff during Ramadan a list is received of the offenders who are participating. From this list the offenders who are to receive medications are offered the medication during the appropriate times.

Based on a total review of all available information, it is recommended the grievance be considered moot at this time. **However, Warden Pfister is to ensure policy and practice is being adhered to with regard to offenders medications during fasting for Ramadan.**

FOR THE BOARD:

A handwritten signature in blue ink, appearing to read "Sarah Johnson", is written over a horizontal line.

Sarah Johnson  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

A handwritten signature in blue ink, appearing to read "John Baldwin", is written over a horizontal line.

John R. Baldwin  
Acting Director

5/16/16

cc: Warden, Stateville Correctional Center  
DeAndre Crawford, Register No. M30080

**Johnson, Sarah L.**

---

**From:** Utke, Tiffany  
**Sent:** Wednesday, April 20, 2016 9:38 AM  
**To:** Duffield, Nicolette; Johnson, Sarah L.  
**Subject:** RE: Ramadan

Hope this helps.

Ok I believe I remember this grievance per the medication record he refused his medication. But without more details I can't say for sure.

But here is what we would do during Ramadan. We received a list that have the offenders that were participating in Ramadan. The Nurses would go back out and offer the offenders their medications during the appropriate time.

---

**From:** Duffield, Nicolette  
**Sent:** Wednesday, April 20, 2016 9:01 AM  
**To:** Utke, Tiffany  
**Subject:** FW: Ramadan  
**Importance:** High

FYI

*Nicolette S. Duffield HCUA  
815-727-3607 Ext. 6675*

---

**From:** Johnson, Sarah L.  
**Sent:** Tuesday, April 19, 2016 11:27 AM  
**To:** Duffield, Nicolette  
**Subject:** RE: Ramadan  
**Importance:** High

Please advise on the status of the below request as soon as possible. Thank you.

---

**From:** Johnson, Sarah L.  
**Sent:** Thursday, March 10, 2016 1:22 PM  
**To:** Duffield, Nicolette  
**Subject:** FW: Ramadan

See the below email with regard to medication and Ramadan. Please advise what the practice is for Offenders who are on watch take medication during Ramadan? Our office remanded a grievance for a review for Offender Crawford, M30080 who claimed to have not been given medication during Ramadan due to the time the medication was delivered. Please feel free to call me if you have any questions. Thank you.

---

**From:** Adamson, George  
**Sent:** Friday, February 05, 2016 1:12 PM  
**To:** Keim, Stephen  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan

For the healthy; nothing is to be taken by mouth, nose, ear and eye while fasting.

The person taking medication will not fast. If the patient is temporarily sick then they will not fast that day while taking medication. They will make it up on another day(s).

The person taking medication on a permanent basis or can't do without medication is excused from fasting. They will feed the poor for the number of days missed.

This obviously raises a concern about trafficking and trading. However inmates are allowed to give to other inmates whatever they have within the rules.

This documentation should totally keep our hospitals running normally during Ramadan. This from the 12 Imams I meet with regularly.

---

**From:** Keim, Stephen  
**Sent:** Thursday, February 04, 2016 2:06 PM  
**To:** Adamson, George  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan  
**Importance:** High

Dr. Adamson,

Can you please respond to this inmate issue concerning Ramadan and inmate medications. I tried contacting Imam Tahwil but was unsuccessful. Seeing you have a number of Imams at Stateville I thought possibly you could assist. It has been our standing procedure since Imam Furqan and Imam Mumin were at Menard that " During the daylight hours a fasting person is permitted all essential medicines".

Thanks.

**Stephen C. Keim**  
**Chief of Chaplains**  
**Illinois Department of Corrections**  
Menard Correctional Center  
P.O.B. 711  
Menard, Illinois 62259  
[STEPHEN.KEIM@doc.illinois.gov](mailto:STEPHEN.KEIM@doc.illinois.gov)

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---

**From:** Johnson, Sarah L.  
**Sent:** Thursday, February 04, 2016 1:40 PM  
**To:** Keim, Stephen  
**Subject:** Ramadan

I am reviewing a grievance from an offender who claims during the fast for Ramadan his morning and evening medications were not provided prior to sunrise and after sunset. He claims due to the medications being watch take he was unable to hold the medication and take it at a later time. Can you provide any information on how the medications are instructed to be given or if there is any instruction given during this religious fast?

Sarah L. Johnson  
Administrative Review Board  
Office of Inmate Issues  
(p) 217-558-2200, extension 2110  
(fax) 217-522-1957

**Johnson, Sarah L.**

*emailed again 4/19/16*

**From:** Johnson, Sarah L.  
**Sent:** Thursday, March 10, 2016 1:22 PM  
**To:** Duffield, Nicolette  
**Subject:** FW: Ramadan  
**Attachments:** Ramadan and medication.pdf

See the below email with regard to medication and Ramadan. Please advise what the practice is for Offenders who are on watch take medication during Ramadan? Our office remanded a grievance for a review for Offender Crawford, M30080 who claimed to have not been given medication during Ramadan due to the time the medication was delivered. Please feel free to call me if you have any questions. Thank you.

---

**From:** Adamson, George  
**Sent:** Friday, February 05, 2016 1:12 PM  
**To:** Keim, Stephen  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan

For the healthy; nothing is to be taken by mouth, nose, ear and eye while fasting.  
The person taking medication will not fast. If the patient is temporarily sick then they will not fast that day while taking medication. They will make it up on another day(s).  
The person taking medication on a permanent basis or can't do without medication is excused from fasting. They will feed the poor for the number of days missed.

This obviously raises a concern about trafficking and trading. However inmates are allowed to give to other inmates whatever they have within the rules.  
This documentation should totally keep our hospitals running normally during Ramadan. This from the 12 Imams I meet with regularly.

---

**From:** Keim, Stephen  
**Sent:** Thursday, February 04, 2016 2:06 PM  
**To:** Adamson, George  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan  
**Importance:** High

Dr. Adamson,

Can you please respond to this inmate issue concerning Ramadan and inmate medications. I tried contacting Imam Tahwil but was unsuccessful. Seeing you have a number of Imams at Stateville I thought possibly you could assist. It has been our standing procedure since Imam Furqan and Imam Mumin were at Menard that "During the daylight hours a fasting person is permitted all essential medicines".

Thanks.

**Stephen C. Keim**  
**Chief of Chaplains**  
**Illinois Department of Corrections**  
Menard Correctional Center

P.O.B. 711  
Menard, Illinois 62259  
STEPHEN.KEIM@doc.illinois.gov

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---

**From:** Johnson, Sarah L.  
**Sent:** Thursday, February 04, 2016 1:40 PM  
**To:** Keim, Stephen  
**Subject:** Ramadan

I am reviewing a grievance from an offender who claims during the fast for Ramadan his morning and evening medications were not provided prior to sunrise and after sunset. He claims due to the medications being watch take he was unable to hold the medication and take it at a later time. Can you provide any information on how the medications are instructed to be given or if there is any instruction given during this religious fast?

Sarah L. Johnson  
Administrative Review Board  
Office of Inmate Issues  
(p) 217-558-2200, extension 2110  
(fax) 217-522-1957

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**The Illinois Department of Corrections**

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

February 5, 2016

DeAndre Crawford  
Register No. M30080  
Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on September 30, 2015, regarding Medical (morning medication not received during Ramadan), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Crawford grieves since the beginning of Ramadan on June 18, 2015 he has not received his morning psych and seizure medications. He claims due to fasting the medications are to be brought to him during the 11-7 shift. He grieves since the medications are a "watch take" he has not been able to take the medications due to fasting from sun up to sun down. He claims this has caused him to request a crisis team member several times and has been denied.

The Grievance Officer's Report (H643) and subsequent recommendation dated August 27, 2015 and approval by the Chief Administrative Officer on September 1, 2015 have been reviewed.

The grievance officer indicated according to the medication administration record the offender refused his medication.

Based on a total review of all available information, it is recommended the grievance be remanded to Warden Pfister at Stateville CC for a written response with regard to the policy/procedure for providing offenders medication while fasting in observance of Ramadan.

FOR THE BOARD:

Sarah Johnson  
Administrative Review Board  
Office of Inmate Issues

I concur. Warden Pfister shall proceed accordingly.

  
John R. Baldwin  
Acting Director  
JA  
2/16/16

cc: Warden, Stateville Correctional Center  
DeAndre Crawford, Register No. M30080  
Tickler

**Johnson, Sarah L.**

---

**From:** Adamson, George  
**Sent:** Friday, February 05, 2016 1:12 PM  
**To:** Keim, Stephen  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan  
**Attachments:** Ramadan and medication.pdf

For the healthy; nothing is to be taken by mouth, nose, ear and eye while fasting.  
The person taking medication will not fast. If the patient is temporarily sick then they will not fast that day while taking medication. They will make it up on another day(s).  
The person taking medication on a permanent basis or can't do without medication is excused from fasting. They will feed the poor for the number of days missed.

This obviously raises a concern about trafficking and trading. However inmates are allowed to give to other inmates whatever they have within the rules.  
This documentation should totally keep our hospitals running normally during Ramadan. This from the 12 Imams I meet with regularly.

---

**From:** Keim, Stephen  
**Sent:** Thursday, February 04, 2016 2:06 PM  
**To:** Adamson, George  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan  
**Importance:** High

Dr. Adamson,

Can you please respond to this inmate issue concerning Ramadan and inmate medications. I tried contacting Imam Tahwil but was unsuccessful. Seeing you have a number of Imams at Stateville I thought possibly you could assist. It has been our standing procedure since Imam Furqan and Imam Mumin were at Menard that " During the daylight hours a fasting person is permitted all essential medicines".

Thanks.

**Stephen C. Keim**  
**Chief of Chaplains**  
**Illinois Department of Corrections**  
Menard Correctional Center  
P.O.B. 711  
Menard, Illinois 62259  
[STEPHEN.KEIM@doc.illinois.gov](mailto:STEPHEN.KEIM@doc.illinois.gov)

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# Islam Question and Answer

General Supervisor: Shaykh Muhammad Saalih al-Munajjid  
(<https://islamqa.info>)

Fri 26 Rb2 1437 - 5 February 2016



37761: A sick person who cannot fast

I have many days to make up for missed fasts from the past. Unfortunately, this year I am suffering from a medical condition involving my stomach which makes me unable to fast. I do not know if I will be able to fast in the future (my condition could be permanent). What should I do about this Ramadan and the missed days from the past?

Published Date: 2002-11-19

Praise be to Allaah.

We ask Allaah, the Lord of the mighty Throne, to heal you.

You have to refer to a trustworthy doctor. If the sickness from which you are suffering is one from which there is the hope of recovery, then after you recover you have to make up the fasts that you missed during this Ramadaan and the previous Ramadaan<sup>here</sup> because Allaah says (interpretation of the meaning):

*"and whoever is ill or on a journey, the same number [of days which one did not observe Sawm (fasts) must be made up] from other days"*

[al-Baqarah 2:185]

But if the sickness is permanent and there is no hope of recovery, then you have to feed one poor person for each day that you did not fast in this Ramadaan and in the previous one, because Allaah says (interpretation of the meaning):

*"And as for those who can fast with difficulty, (e.g. an old man), they have (a choice either to fast or) to feed a Miskeen (poor person) (for every day)"*

[al-Baqarah 2:184]

Ibn 'Abbaas said: This refers to the old man or old woman who cannot fast, so for each day they should feed one poor person. This was narrated by al-Bukhaari, 4505. The sick person who has no hope of recovery comes under the same ruling as the elderly.

Ibn Qudaamah said in *al-Mughni*, 4/396:

The sick person who has no hope of recovery should not fast, and for each day he should feed one poor person, because he is like one who is elderly.

Shaykh Ibn 'Uthaymeen said in *Majaalis Ramadaan*, p. 32:

The one who is permanently unable to fast and has no hope of recovery – such as the elderly and those who are incurably sick, such as those who have cancer etc. – do not have to fast because they are unable to. Allaah says (interpretation of the meaning):

*"So keep your duty to Allaah and fear Him as much as you can"*

*[al-Taghaabun 64:16]*

*"Allaah burdens not a person beyond his scope"*

*[al-Baqarah 2:286]*

But instead of fasting he has to feed one poor person for each day.

And Allaah knows best.

Islam Q&A

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**Johnson, Sarah L.**

---

**From:** Keim, Stephen  
**Sent:** Thursday, February 04, 2016 2:06 PM  
**To:** Adamson, George  
**Cc:** Johnson, Sarah L.  
**Subject:** RE: Ramadan

**Importance:** High

Dr. Adamson,

Can you please respond to this inmate issue concerning Ramadan and inmate medications. I tried contacting Imam Tahwil but was unsuccessful. Seeing you have a number of Imams at Stateville I thought possibly you could assist. It has been our standing procedure since Imam Furqan and Imam Mumin were at Menard that "During the daylight hours a fasting person is permitted all essential medicines".

Thanks.

**Stephen C. Keim**  
**Chief of Chaplains**  
**Illinois Department of Corrections**  
Menard Correctional Center  
P.O.B. 711  
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[STEPHEN.KEIM@doc.illinois.gov](mailto:STEPHEN.KEIM@doc.illinois.gov)

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**Sent:** Thursday, February 04, 2016 1:40 PM  
**To:** Keim, Stephen  
**Subject:** Ramadan

I am reviewing a grievance from an offender who claims during the fast for Ramadan his morning and evening medications were not provided prior to sunrise and after sunset. He claims due to the medications being watch take he was unable to hold the medication and take it at a later time. Can you provide any information on how the medications are instructed to be given or if there is any instruction given during this religious fast?

Sarah L. Johnson  
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ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

3408

Grievance Officer's Report

Date Received: 8/25/15

Date of Review: 8/27/15

Grievance # H643

Committed Person: Crawford, DeAndre

ID # M30080

Nature of Grievance: MEDICAL Treatment

Facts Reviewed:

Grievance Officer finds that per Medical Staff AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS:

THE GRIEVANT COMPLAINS OF BEING DENIED PROPER MEDICAL TREATMENT

Response:

Offender's chart was reviewed. According to the medication administration record he has refused his medication.

All proper policies and procedures have been followed at this time. If offender has any more issues he should follow the proper sick call procedures.

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

RECEIVED

SEP 30 2015

ADMINISTRATIVE  
REVIEW BOARD

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

JILL PARRISH CC2

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received:

8/31/15

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

9/18/15

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: <u>7/6/15</u>	Offender: <u>DeAndre Crawford</u> (Please Print)	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u> <b>GRIEVANCE OFFICE</b>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>STATE</u>	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Since the beginning of the muslim fast for the Islamic month of Ramadan 6/18/15 I have not been receiving my A.M. psy and seizure medication. It was told by nurse Wendy that the medtech on the 11-7 shift is suppose to bring our meds. For the first three days of our fast a medtech would bring the A.M. meds to our cells around 3 a.m. After the first three days they stop giving me my meds. This is a clear violation of the my constitutional right and discrimination and against my

Relief Requested: To receive my A.M. meds before the time for fasting begins.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7/6/15  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>7/11/15</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>A copy of this grievance has been forwarded to the HCU for review and response. The original has been forwarded to the grievance office. You will receive a final response from the grievance office once the health care unit responds to same.</u>		
<u>L. Dennis</u> Print Counselor's Name	<u>[Signature]</u> Counselor's Signature	<u>7/11/15</u> Date of Response

EMERGENCY REVIEW	
Date Received: <u>SEP 30 2015</u> ADMINISTRATIVE REVIEW BOARD	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

religious practice because we are not getting our meds because we have to fast from sun up to sun down. I explained this to nurse Windy, Lidda and Handice on the 7-3 shift when they brought my meds on that shift. And my meds are (watch) meds so I can not hold them until the sun sets during the 3-11 shift. It's been three weeks since I've had my a.m. meds. Because of the adverse effects of not having my meds I have asked for a crisis team several times and each time my request has been denied by staff such as acting Sgts Sherry, Burata, Sgt. Pappas and Lt's Jacobs and Lt. Sykes.

Bruce Rauner  
Governor



John Baldwin  
Acting Director

### The Illinois Department of Corrections

1301 Concordia Court, P.O. Box 19277 • Springfield, IL 62794-9277 • (217) 558-2200 TDD: (800) 526-0844

Offender Name: Crawford, DeAndre

Date: 2/4/16

Register # M30080

Facility: Stateville

This is in response to your grievance received on 9/30/15. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 7/25/15 Grievance Number: H751 Griev Loc: Stateville

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary  |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund  |
| <input type="radio"/> Personal Property                                       | <input type="radio"/> Conditions (cell conditions, cleaning supplies)         |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated _____ Incident # _____        |
| <input type="radio"/> Assignment (job, cell)                                  | <input checked="" type="radio"/> Other <u>Medical treatment for shoulder.</u> |

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____                                       | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. |  |

Other: \_\_\_\_\_

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: John Baldwin  
John R. Baldwin  
Acting Director

CC: Warden, Stateville Correctional Center  
D. Crawford, Register No. M30080

Mission: To serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs, and reducing victimization.

[www.illinois.gov/idoc](http://www.illinois.gov/idoc)

ARB - Crawford 000147

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 8/25/15

Date of Review: 8/27/15

Grievance # H751

Committed Person: Crawford, DeAndre

ID # M30080

Nature of Grievance: MEDICAL Treatment

Facts Reviewed:

Grievance Officer finds that per Medical Staff AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS:

THE GRIEVANT COMPLAINS OF BEING DENIED PROPER MEDICAL TREATMENT

Response:

: After reviewing offender medical record. Offender was seen by Nurse sick call 7/14/15 referred to MD/SC7/17/15, medications ordered follow up in one month. 8/14/15 Seen in MD/SC medications ordered and referred to the Medical Director. All proper policies and procedures have been followed at that time.

All proper policies and procedures have been followed at this time. If offender has any more issues he should follow the proper sick call procedures.

*This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.*

RECEIVED

SEP 30 2015

ADMINISTRATIVE  
REVIEW BOARD

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

JILL PARRISH CC2

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 8/31/15

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

Date: 7/25/15	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify)              | H751  |

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

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Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today I was seen by LPN Tiffany for in-house sick call for pain in my left shoulder and back area. She checked me for the pain in my back but did not check my shoulder at all. I'm still having pain in that shoulder. I was charged the co-pay and told that "I would have to put in again if I was still in pain and would have to pay the co-pay again".

Relief Requested: So have my shoulder looked at by a doctor

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 7.25.15  
Offender's Signature ID# Date  
(Continue on reverse side if necessary)

Counselor's Response (If applicable)

Date Received: 7.31.15 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HC for review and response. The original has been forwarded to the grievance office. You will receive a final response from the grievance office and the health care unit responds to same.

L. Dennis L. Dennis 7.31.15  
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: SEP 30 2015 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

ADMINISTRATIVE REVIEW BOARD \_\_\_\_\_ Date  
Chief Administrative Officer's Signature

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or CorrespondenceOffender: Crawford Deandre M30080  
Last Name First Name MI ID#Facility: Stateville☒ Grievance: Facility Grievance # (if applicable) \_\_\_\_\_ Dated: 12/17/15 or ☐ Correspondence: Dated: \_\_\_\_\_Received: 1/12/16 Regarding: Dental  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☒ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court  
Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
319 E. Madison St., Suite A  
Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date \_\_\_\_\_
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Sarah Johnson  
Print NameSarah Johnson  
Signature1/28/16  
DateDistribution: Offender  
Inmate Issues

Printed on Recycled Paper

ARB - Crawford 000150  
DOC 0070 (Rev. 4/2013)

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3408

Date: <u>12/17/15</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

**NATURE OF GRIEVANCE:**

<input checked="" type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA/Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report \_\_\_\_\_ Facility where issued \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

A filling fellout my tooth 12/14/15. The filling was a temporary filling that was put in around Dec 2014 or Jan. 2015. I put in a regular grievance but haven't received any treatment. I put in a medical request slip over the weekend. Monday 12/14/15 I spoke to Nurse Paige who was passing out meds. I explained to her that my temporary filling came out and was causing me pain, and could not take my pain psy and blood pressure meds because it hurts when any-

Relief Requested: to have my tooth fixed

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 12.17.15  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

<p><b>RECEIVED</b></p> <p>Date Received: <u>JAN 12 2016</u></p> <p>Response: <u>ADMINISTRATIVE REVIEW BOARD</u></p>	<p><b>Counselor's Response (if applicable)</b></p> <p><input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277</p>
Print Counselor's Name _____	Counselor's Signature _____ Date of Response _____

<b>EMERGENCY REVIEW</b>	
<p>Date Received: <u>12.30.15</u></p> <p>Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance</p> <p><input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.</p>	<p><u>12.31.15</u> Date</p>
Chief Administrative Officer's Signature _____	

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

thing touches it. She told me to put in a slip for sick-call because they can't just send me to dental. I put a second slip on and was seen by Nurse Mills later on 12/14/15. Nurse Mills examined me and said that I had a big hole in my tooth, and that he would call Dr. Mitchell the dentist to get me seen. I later spoke to C/O Willington and asked him to call dental to see if they were gonna call me over. C/O Willington said "if they want you they'll call for you." I then spoke to Sgt. Panaygo and explained it to him he said "I'm not calling anybody. They're calling for the people they want." On 12/15/15 I spoke to nurse Paige while she passed out meds. She told me to put in another request slip. Again nurse Mills was running sick call. He refused to take my request slip and said he saw me already and did all he could do, and if Dr. Mitchell wanted to see me she'll call me over. I spoke to Sgt. Panaygo while he was on four gallery. He said "I told you yesterday I'm not calling anybody. If they want you they'll call you." On 12/17/15 I spoke to Nurse Paige again she said she would talk to Dr. Mitchell. C/O Borota told nurse Paige "yeah me told me about that yesterday. I forgot to tell you." Later that day I spoke to officer Nomen (Pegant) he said he'd see what he could do. I talk to nurse Tiffany who was running sick call with LPN Lidda. Tiffany said there was nothing she could do. I was told by nurse Paige that she had talk to Dr. Mitchell and she (Dr. Mitchell) said that it is not an emergency and will schedule me to come to dental. I've been given two call passes and dental has not honored either one.

# PROOF OF SERVICE

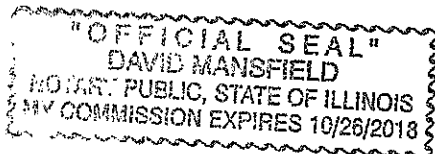
Please take notice that on this 8<sup>th</sup> day of January, 2016, I DeAndre Crawford have placed an answered and signed emergency grievance STA#5006 in the Stateville Correction Center mail service. This document is addressed to the Administrative Review Board Board in Springfield, IL.

To: Administrative Review Board  
P.O. Box 19277  
Springfield, IL 62794-9277

Respectfully  
DeAndre Crawford #M30680  
P.O. Box 112  
Joliet, IL 60434

Subscribed and sworn to before me  
this 8<sup>th</sup> day January, 2016.

David Mansfield



**RECEIVED**

JAN 12 2016

**ADMINISTRATIVE  
REVIEW BOARD**

## ILLINOIS DEPARTMENT OF CORRECTIONS

# Administrative Review Board

## Return of Grievance or Correspondence

Offender: Crawford DeAndre MI 130080  
Last Name First Name MI ID#

Facility: Stateville CC

☒ Grievance: Facility Grievance # (if applicable) 1520 Dated: 5/15/15 or ☐ Correspondence: Dated: \_\_\_\_\_

Received: 6/29/15 Regarding: Staff Conduct - C/O Alvarez  
Date

The attached grievance or correspondence is being returned for the following reasons:

### Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court  
Springfield, IL 62794-9277

### Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
319 E. Madison St., Suite A  
Springfield, IL 62706

### No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date \_\_\_\_\_
- ☐ No justification provided for additional consideration.

Other (specify): ARB received 30 days past CAD's signature of 5/27/15

Completed by: Leslie McCarty  
Print Name

Leslie McCarty  
Signature

11/17/15  
Date

Distribution: Offender  
Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

ARB - Crawford 000154

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 4/13/15

Date of Review: 5/25/15

Grievance # (optional): 1520

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Staff Conduct – Performance of Duty

Facts Reviewed: Grievant claims on 3/15/15, C/O Alvarez refused to let him go to chow. He does not want to be retaliated against.

Per Counselor Dennis, on 3/27/15 C/O Alvarez stated Crawford's cell was not in compliance and was talking to her in a very disrespectful manner. Therefore, he was not allowed to go to chow and she stated Crawford was given a tray.

Grievant fails to provide any sufficient evidence of any staff misconduct or any retaliation.

Recommendation: No action.

Anna McBee, CCII

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Anna McBee

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received: 5/26/15

☒ I concur

☐ I do not concur

☐ Remand

Comments:

RECEIVED

JUN 29 2015

ADMINISTRATIVE  
REVIEW BOARD

Chief Administrative Officer's Signature

Tony Williams

Date

5/27/15

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

6/19/15

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3408

Date: <u>5/15/15</u>	Offender: <u>DeAndre Crawford</u> <small>(Please Print)</small>	ID#: <u>M30080</u>
Present Facility: <u>Staterville</u>		Facility where grievance issue occurred: <u>Staterville</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other <u>1520</u>

☐ Disciplinary Report: \_\_\_\_\_ Date of Report \_\_\_\_\_ Facility where issued \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

**Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor  
**Chief Administrative Officer**, only if **EMERGENCY** grievance.  
**Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today Lt. E. Jacobs at the request of C/O Alvaraz refused me chow, which is a violation of my Constitutional rights, and rights under the imprisoned persons act. Elsewhere in I DOC are to have/be fed three meals a day. C/O Alvaraz told Lt. Jacobs not to let me out for chow. They both came outside and sent me back to my cell. I was not given a tray either which is a violation of my rights. To begin with, C/O Green who was the gallery was keying out four galleries with C/O Alvaraz

Relief Requested: \_\_\_\_\_

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 3, 15, 15  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (If applicable)	
Date Received: <u>3, 19, 15</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>On 3/27/15 C/O Alvaraz asked Crawford's cell was not in compliance and she was talking to her in a very disrespectful manner. Therefore she was not allowed to go to chow and she stated Crawford was given a tray.</u> <u>L. Dennis</u> Print Counselor's Name	
<u>[Signature]</u> Counselor's Signature <u>3/27/15</u> Date of Response	

EMERGENCY REVIEW		ADMINISTRATIVE REVIEW BOARD
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
_____ Chief Administrative Officer's Signature		_____ Date

C/O Green let me out. C/O Alvaraz called me back to turn off my t.v. she told C/O Green to continue keying out while she dealt with me. I went back in my cell and turned the t.v. off. C/O Alvaraz told me to turn off my celly t.v. too. I told her, "that's not mine, and I'm not touching his t.v." She asked me my name I told her Crawford. She said, "Oh you're the one that wrote me up. I got you." So acting in retaliation she told Lt. Jacobs not to let me out for chow. I now fear that I will constantly be a target of retaliation whenever C/O Alvaraz works in B-house, which could put me in harms way.

## Proof of Service

I DeAndre Crawford sworn under penalty of perjury do swear to the following:

I am placing grievance #1520 and accompanying affidavits in the Stateville Mail Service on this day June 19, 2015.

To:

Administrative Review Board  
P.O. Box 19277  
Springfield, IL 62794-9277

Respectfully  
DeAndre Crawford #M30080  
DeAndre Crawford

I swear that all statements and information are correct under penalty of perjury.

RECEIVED  
JUN 29 2015  
ADMINISTRATIVE  
REVIEW BOARD



**Illinois**  
Department of  
**Corrections**

**BRUCE RAUNER**  
Governor

**DONALD STOLWORTHY**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

May 29, 2015

DeAndre Crawford  
Register No. M30080  
Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on November 19, 2014, regarding Medical (injury, 5/14/14), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

Offender Crawford grieves on May 14, 2014 he had a seizure and fell out of bed. He grieves he was seen by Dr. Obaisi and did not receive an exam. He claims he was only asked two questions. He grieves due to the fall he broke his tooth. He states he was seen by Dr. Brooks regarding the tooth. He grieves he was not provided a prescription for Penicillin or Ibuprofen. He grieves he was in the cell since October, 2013 and was not assigned to the bottom bunk.

The Grievance Officer's Report (M229) and subsequent recommendation dated November 5, 2014 and approval by the Chief Administrative Officer on November 10, 2014 have been reviewed.

Medical records indicated Offender Crawford was seen by the Medical Director on the day of his fall and was referred to Dental. It is noted Offender Crawford had a low bunk permit valid from April 30, 2014-April 30, 2015. This office contacted Placement Office staff who indicated they had not been made aware of Offender Crawford's low bunk permit. It is also noted every effort is made to accommodate the low bunk permits provided to offenders.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance be considered moot at this time, as Offender Crawford was assessed and provided medical treatment for his injury. Offender Crawford is advised to notify the cellhouse security and/or placement office with regard to any current medical permit.

FOR THE BOARD:

Sarah Johnson  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

Donald Stolworthy  
Director

cc: Warden, Stateville Correctional Center  
DeAndre Crawford, Register No. M30080

ARB - Crawford 000159

**Johnson, Sarah L.**

---

**From:** Rabideau, Karen  
**Sent:** Friday, May 29, 2015 11:49 AM  
**To:** Johnson, Sarah L.; Baldwin, Jerry; Navarro, Kim  
**Subject:** RE: Low bunk

Usually the only way I am told that a guy has a permit is when they come back from the HCU with their new/updated permit and they show the cellhouse security staff. The unit usually calls me then and tells me, and arrangements are made to try to move them. The huge issue is that there are so many guys given these permits - at this current time, every single cell on the two low galleries in my general population units has someone in the cell with a permit, so there is literally nowhere for me to move them if they get a new one. Sometimes I may have an available cell in Unit F, population overflow, but not always.

Medical does not send me anything nor do they call. Either the unit calls or the inmate himself writes me about it.

---

**From:** Johnson, Sarah L.  
**Sent:** Friday, May 29, 2015 11:44 AM  
**To:** Baldwin, Jerry; Rabideau, Karen; Navarro, Kim  
**Subject:** RE: Low bunk

Ok, so the offender has to write to placement or healthcare staff are to send a copy of the permit to placement? Or both? Seems like it would be hard for the offender to get a copy of his permit to send to placement? Also, based on this information, the offender was not in the bottom bunk in May due to his permit being expired correct? thank you all for your help with this matter.

---

**From:** Baldwin, Jerry  
**Sent:** Friday, May 29, 2015 11:16 AM  
**To:** Rabideau, Karen; Johnson, Sarah L.; Navarro, Kim  
**Subject:** RE: Low bunk  
**Importance:** High

Sarah that is right Karen was not written by the inmate. My synapses don't work so well as I have gotten older these days. Sorry.

**Jerry J. Baldwin**  
**Casework Supervisor**  
**The Stateville Correctional Center**

---

**From:** Rabideau, Karen  
**Sent:** Friday, May 29, 2015 11:12 AM  
**To:** Baldwin, Jerry; Johnson, Sarah L.; Navarro, Kim  
**Subject:** RE: Low bunk

The inmate had NOT written me about it

---

**From:** Baldwin, Jerry  
**Sent:** Friday, May 29, 2015 11:11 AM  
**To:** Johnson, Sarah L.; Navarro, Kim  
**Cc:** Rabideau, Karen  
**Subject:** RE: Low bunk

Sarah, I just spoke with Placement Officer Karen Rabideau and she was unaware that Crawford had a low bunk permit. The inmate had written her and staff did not bring it to her attention so no action was taken on her part. Crawford is in a cell with Raymond King N54043 and he does have a low bunk permit. OTS now indicates that the low bunk permit expired.

OMOMD007      ILLINOIS DEPARTMENT OF CORRECTIONS -- OTS      5/29/15  
MEDICAL EXCEPTION INQUIRY      11:08:26

IDOC#: M30080 CRAWFORD, DEANDRE      1 A M STA-B -04-08      02/12/2088

BIRTHDATE: 2 2 79

MEDICAL EXCEPTION:	EFF. DATE	ENDING DATE
TRANSFER STOP	00	
APPROVED FOOD HANDLER	00	
LOW BUNK REQUIRED	4 30 14	4 30 2015
LOW GALLERY	4 30 14	4 30 2015
SLOW WALK PASS	00	
LIGHT DUTY REQUIRED	00	
SPECIAL HOUSING	00	
MEDICAL LAYIN	00	
WHEELCHAIR	00	
HANDICAPPED	00	
OTHER	00	
	00	
THERAPEUTIC DIET:	NOT FOUND	00
LIVING WILL N	HEALTH CARE PLANNING	NOT FOUND

NEXT KEY DATA: IDOC #: M30080

INQUIRY COMPLETE      PLEASE ENTER NEXT KEY DATA

**Jerry J. Baldwin**  
**Casework Supervisor**  
**The Stateville Correctional Center**

---

**From:** Johnson, Sarah L.  
**Sent:** Friday, May 29, 2015 11:06 AM  
**To:** Navarro, Kim  
**Cc:** Baldwin, Jerry  
**Subject:** RE: Low bunk

Thank you. I was told by the switch board that you were the person. Sorry.

---

**From:** Navarro, Kim  
**Sent:** Friday, May 29, 2015 11:05 AM  
**To:** Johnson, Sarah L.

**Cc:** Baldwin, Jerry  
**Subject:** RE: Low bunk

Good Question!!! I have been here for two years and I still am not used to working in such a big facility!!!! I am coping Jerry Baldwin in on this message, I'm hoping he can point you in the right direction...

---

**From:** Johnson, Sarah L.  
**Sent:** Friday, May 29, 2015 11:01 AM  
**To:** Navarro, Kim  
**Subject:** RE: Low bunk

Who would that person be to contact for his bed assignment?

---

**From:** Navarro, Kim  
**Sent:** Friday, May 29, 2015 11:01 AM  
**To:** Johnson, Sarah L.  
**Subject:** RE: Low bunk

If you need any further information, that inmate is on the Stateville side.... They would be able to help.

---

**From:** Johnson, Sarah L.  
**Sent:** Friday, May 29, 2015 10:59 AM  
**To:** Navarro, Kim  
**Subject:** RE: Low bunk

Ok, thank you.

---

**From:** Navarro, Kim  
**Sent:** Friday, May 29, 2015 10:59 AM  
**To:** Johnson, Sarah L.  
**Subject:** FW: Low bunk

---

**From:** Lefevers, Jean  
**Sent:** Friday, May 29, 2015 10:58 AM  
**To:** Navarro, Kim  
**Subject:** FW: Low bunk

I'm sorry, I read this wrong. He had a low bunk permit and it expired April 30, 2015. I'm waiting on the unit to call me back with his bed assignment.

---

**From:** Lefevers, Jean  
**Sent:** Friday, May 29, 2015 10:54 AM  
**To:** Navarro, Kim  
**Subject:** RE: Low bunk

Ok, he had one but it expired April 30, 2015

---

**From:** Navarro, Kim  
**Sent:** Friday, May 29, 2015 10:51 AM  
**To:** Lefevers, Jean  
**Subject:** FW: Low bunk

HELP?!?!?!?

---

**From:** Johnson, Sarah L.  
**Sent:** Friday, May 29, 2015 10:48 AM  
**To:** Navarro, Kim  
**Subject:** Low bunk

Can you please advise if M30080 Crawford is in a low bunk in cell B 04 08? Thank you.

Sarah L. Johnson  
Administrative Review Board  
Office of Inmate Issues  
(p) 217-558-2200, extension 2110  
(fax) 217-522-1957

E-MAIL CONFIDENTIALITY NOTICE: This electronic mail message, including any attachments, is for the intended recipient(s) only. This e-mail and any attachments might contain information that is confidential, legally privileged, contains law enforcement database information, or otherwise protected or exempt from disclosure under applicable law. If you are not a named recipient, or if you are named but believe that you received this e-mail in error, please notify the sender immediately by telephone or return e-mail and promptly delete this e-mail and any attachments and copies thereof from your system. If you are not the intended recipient or are otherwise not authorized to further disclose this message and its contents, please be aware that any copying, distribution, dissemination, disclosure or other use of this e-mail and any attachments is unauthorized and prohibited. Your receipt of this message is not intended to waive any applicable privilege or claim of confidentiality, and any prohibited or unauthorized disclosure is not binding on the sender or the Illinois Department of Corrections. Thank you for your cooperation.

# Certificate Of Service

To: Administrative Review Board  
P.O. Box 19277  
Springfield, IL. 62794-9277

Please take notice that on the  
19<sup>th</sup> day of November, 2014 I have  
placed the attached and enclosed  
document in the institutional mail  
at Stateville Correctional Center,  
properly addressed to the party listed  
above for mailing through the United  
States Postal Service

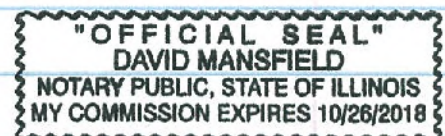
Dated: 11/9/14

Respectfully  
De Andie Crawford #M30086  
P.O. Box 112  
Joliet, IL. 60434

Subscribed and sworn  
to before me this 19<sup>th</sup> day  
November, 2014

David Mansfield

**RECEIVED**  
NOV 19 2014  
OFFICE OF  
INMATE ISSUES



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 3/3/14

Date of Review: 11/5/14

Grievance # M229

Committed Person: Crawford, DeAndre

ID#: M30080

Nature of Grievance: Medical Treatment

Facts Reviewed: GRIEVANT C/O NOT RECEIVING PROPER MEDICAL TX

Grievance Officer finds that per T. Utke, LPN after a review of Medical Records

After reviewing offenders medical record he was seen by the medical director on the day of his fall and was referred to dental and has a low buck/low gallery permit.

*This Grievance Officer has no medical expertise or authority to contradict the doctor's recommendation / diagnosis.*

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

Jill Parrish, CCII

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received: 11/7/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

RECEIVED  
NOV 19 2014  
OFFICE OF  
INMATE ISSUES

Chief Administrative Officer's Signature

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

De Andre Crawford

Committed Person's Signature

M30080

ID#

11/17/14

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

3408

Date: 5/14/14 Offender: (Please Print) DeAndre Crawford ID#: M30080  
Present Facility: Stateville Facility where grievance issue occurred: Stateville

NATURE OF GRIEVANCE:

- ☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation  
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA  
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify):  
☐ Disciplinary Report: \_\_\_\_\_ Date of Report \_\_\_\_\_ Facility where issued \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

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Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Today I had a seizure and fell out the bed. I fell and broke my front tooth, while also doing damage to my nose and possible head. I was taken to HCU and seen by doctor Olaisi. He asked me exactly two questions. One was, "Where are you at?" And the second was, "Did you hit your lip?" No exam was done at all. I have brown drainage coming out my nose. I have a low bunk permit because I have seizures. I was/am not suppose to ~~have~~ be on the top bunk. I wrote both Mrs. Rabinian and then warden Lämke.

Relief Requested: \_\_\_\_\_

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 5.14.14  
Offender's Signature ID# Date  
(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 5.15.14 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62794-9277  
Response: A copy of this grievance has been forwarded to the grievance office. The original has been forwarded to the HCU for review and response. There is no need to send your copy to the grievance office or the health care unit. You will receive a final response from the grievance office once the health care unit responds to mine.  
L. Dennis L. Dennis 5.16.14  
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.  
Chief Administrative Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

about this in October 2013 before I was moved into this cell with another inmate that also has a low bunk permit because he's on crutches. I've been on the top bunk since then and had two other seizures since then. My head, nose, mouth, and shoulder has been hurting since the fall from the top bunk. After being seen by Dr. Olivas, I was taken to Dental. Dr. Brooks treated the tooth because it is broken close to the root. He told Dr. Mitchell to write me a prescription for penicillin, ibuprofen and ensure because I won't be able to chew food due to the sensitivity and pain of the broken tooth and another loose tooth. Dr. Mitchell said she would not write the prescription for the ensure stating, "he doesn't need it. He'll be okay." Dr. Brooks told her that I would not be able to take the medication without the ensure, because I won't be able to chew.



**Illinois**  
Department of  
**Corrections**

**BRUCE RAUNER**  
Governor

**Donald Stolworthy**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

Offender Name: Crawford, Deandre

Date: 4/7/15

Register # M30080

Facility: Stateville

This is in response to your grievance received on 10/1/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 8/3/14 Grievance Number: 2483 Griev Loc: sta

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary                                      |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund                                      |
| <input type="radio"/> Personal Property                                       | <input type="radio"/> Conditions (cell conditions, cleaning supplies) |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated                       |
| <input type="radio"/> Assignment (job, cell)                                  | Incident #  |

☒ Other clowalker refused to allow him to get lab done 7/30/14.

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.                                      | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. | <input type="radio"/> Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.  |
| <input type="radio"/> In addition, property items are to be disposed of in accordance with DR501C.   |  |

☒ Other: Medical records indicate lab work completed 8/1/14. Unable to substantiate claim of staff misconduct.

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: Donald Stolworthy  
Donald Stolworthy  
Director

CC: Warden, Stateville Correctional Center  
DeAndre Crawford, Register No. M30080

**Johnson, Sarah L.**

---

**From:** Utke, Tiffany  
**Sent:** Tuesday, April 07, 2015 10:08 AM  
**To:** Johnson, Sarah L.  
**Subject:** RE: Crawford, M30080

He was seen 8/1/14 for the lab draw. Also seen in Seizure and HTN clinics 8/12/14

---

**From:** Johnson, Sarah L.  
**Sent:** Monday, April 06, 2015 9:24 AM  
**To:** Utke, Tiffany  
**Subject:** Crawford, M30080

Can you please check the above offender's medical file and advise if he had a scheduled pass for lab work to be completed on 7/30/14? If so, did the offender show up? If not, what is the documented reason? Was he rescheduled, when? Thank you. I appreciate your help.

Sarah L. Johnson  
Administrative Review Board  
Office of Inmate Issues  
(p) 217-558-2200, extension 2110  
(fax) 217-522-1957

E-MAIL CONFIDENTIALITY NOTICE: This electronic mail message, including any attachments, is for the intended recipient(s) only. This e-mail and any attachments might contain information that is confidential, legally privileged, contains law enforcement database information, or otherwise protected or exempt from disclosure under applicable law. If you are not a named recipient, or if you are named but believe that you received this e-mail in error, please notify the sender immediately by telephone or return e-mail and promptly delete this e-mail and any attachments and copies thereof from your system. If you are not the intended recipient or are otherwise not authorized to further disclose this message and its contents, please be aware that any copying, distribution, dissemination, disclosure or other use of this e-mail and any attachments is unauthorized and prohibited. Your receipt of this message is not intended to waive any applicable privilege or claim of confidentiality, and any prohibited or unauthorized disclosure is not binding on the sender or the Illinois Department of Corrections. Thank you for your cooperation.

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 8/19/14

Date of Review: 8/22/14

Grievance # 2483

Committed Person: Crawford, DeAndre

ID#: M30080

Nature of Grievance: Staff Conduct-

Facts Reviewed:

Grievant states on 7-30-14 he had a call pass for Lab at 8:00am and C/O Walker refused to let him out after he told her he had a pass causing him to miss his appointment allegedly due to a previous incident with C/O Walker and seeks disciplinary action against C/O Walker.

Counselor response states that on 8/13/14 C/O Walker stated Crawford is fabricating the events and stated that Crawford is lying. She stated that Crawford never showed her a pass.

Grievance Office response: Unable to substantiate staff misconduct. Grievant does not have a say in the discipline of staff.

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INMATE ISSUES

Recommendation: No action. Unable to substantiate staff misconduct.

Jill Parrish CC2

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 9/8/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 8/13/14	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> ADA Disability Accommodation |
| <input checked="" type="checkbox"/> Staff Conduct    | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA GRIEVANCE OFFICE       |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator |   | <input type="checkbox"/> Other (specify):             |

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: AUG 19 2014

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On July 30, 2014 I had a call pass for lab at 8:00 am. Officer D. Walker was keying out. Power gallery in B-house for 8:00-9:00 health care passer at 7:49 am. I told C/O Walker that I had a call pass for 8:00 and showed her my pass. She said, "Crawford you know I'm not gonna let you out after that last stunt you pulled. You shouldn't have wrote me up. King I'll be back for you at 10:00." Because C/O Walker refusal to key me out I missed my appointment and had to be. Relief Requested: I seek disciplinary action against C/O Walker because I fear for my health and safety due to further retaliation from C/O Walker.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford  
Offender's Signature

M30080  
ID#

OCT 08 2014 114  
Date

(Continue on reverse side if necessary)

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Counselor's Response (if applicable)

Date Received: 8.15.14 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: On 8/10/14 C/O Walker stated Crawford is fabricating the events. She stated Crawford is lying. She stated Crawford never showed her a pass.

L. Dennis  
Print Counselor's Name

L. Dennis  
Counselor's Signature

8.13.14  
Date of Response

EMERGENCY REVIEW

Date Received: \_\_\_\_\_ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

rescheduled. I take Depakote and it weakens the kidneys if the levels are too high. C/O Walker's constant refusal to key me out when she is the gallery officer, or deliberate denial of moving inmates when she is the movement officer is a serious risk to my health. I fear that I will continually be a victim of retaliation from C/O Walker as was the case in this matter. I fear for my health and safety when it comes to C/O Walker. C/O Walker's actions are a deliberate violation of my Constitutional rights and rights under the Inprisoned Person's Act. This is the second time since I filed my original grievance against C/O Walker that she refused to key me out for a pass. I was scheduled for an adjustment on my portals on 7/9/14. C/O Walker was the movement officer, and flat-out told me, "you might as well gone back up cause I'm not gonna take you."



**Illinois**  
Department of  
**Corrections**

**BRUCE RAUNER**  
Governor

**Donald Stolworthy**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

Offender Name: Crawford, DeAndre

Date: 4/6/15

Register # M30080

Facility: Stateville

This is in response to your grievance received on 10/1/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 6/3/14 Grievance Number: M317, M319 Griev Loc: Stateville

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary
- ☐ Personal Property
- ☐ Mailroom/Publications
- ☐ Assignment (job, cell)

- ☐ Commissary
- ☒ Trust Fund Medical co-pay 5/23/14, 6/5/14
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated \_\_\_\_\_ Incident # \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden \_\_\_\_\_ is advised to provide a written response of corrective action to this office by \_\_\_\_\_.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☒ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on \_\_\_\_\_ was reviewed in accordance with transfer procedures and is an administrative decision.
- ☐ In addition, property items are to be disposed of in accordance with DR501C.

- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☐ Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.

☒ Other: Review of trust fund does not indicate offender was charged for May or June, 2014 medical co-pay.

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: Donald Stolworthy  
Donald Stolworthy  
Director

CC: Warden, Stateville Correctional Center  
DeAndre Crawford Register No. M30080

## Proof of Service

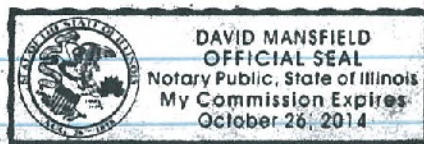
Please take Notice that on September 25, 2014 I placed a copy of grievances #M316, #M319 and #2483 with responses from the grievance office in the Stateville Correctional Center mail properly addressed to the Administration Review Board.

TO: Administration Review Board  
P.O. Box 19277  
Springfield, IL. 62794-9277

Respectfully  
DeAndre Crawford  
M30080  
P.O. Box 112  
Joliet, IL. 60434

Subscribed and Sworn to before me  
this 25<sup>th</sup> day of September, 2014

David Mansfield



ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B-408

Grievance Officer's Report

Date Received: 9/5/14

Date of Review: 9/9/14

Grievance# M317, M319

ID #M30080

Committed Person: Crawford, DeAndre

Nature of Grievance: Medical Treatment

Facts Reviewed:

Grievance Officer finds that per J. Mitchell DDS. AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS:

Mr. Crawford has filed a grievance regarding the \$5.00 copay for non-emergency services.

Mr. Crawford was initially seen in the dental clinic on 5/14/2014 as an emergency patient after falling from his top bunk and fracturing his anterior tooth. At that time he received analgesics and antibiotics and was scheduled back for a follow-up visit for treatment on 5/16/2014. Due to an institutional lockdown the appointment was rescheduled to 5/23/2014. On 5/23/2014 he was seen by Dr. Garg for the follow-up treatment. Dr. Garg advised the patient that this was not an emergency visit since he had already been seen for the initial emergency. The patient expressed a concern that the work had not been completed and he was still in pain. Dr. Garg advised the patient that he had to pay the \$5.00 co-pay before any additional work could be done. The patient refused to sign and left the clinic.

The policy on when it is an emergency and when it is follow-up treatment is not clear from the AD. The symptoms of pain still existed but it was clearly a follow-up visit. The necessary endodontic treatment has not been started but the patient has been seen scheduled 4 times. He currently has an appointment on 10/24/2014.

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This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

JILL PARRISH CC2

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received:

9/17/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Terry Williams

9/17/14

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

9/24/14

Date

**ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE**

B408

Date: <u>6/3/14</u>	Offender: <u>DeAndre Crawford</u> <small>(Please Print)</small>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property   | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct   | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility                                 | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify) _____        |   |
| <input type="checkbox"/> Disciplinary Report: _____<br><small>Date of Report</small> |  | Facility where issued STA# <u>M319</u>                |   |

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

- Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
- Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor
- Chief Administrative Officer**, only if **EMERGENCY** grievance.
- Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On May 23, 2014 it was scheduled for follow-up dental care to finish emergency care that was given May 14, 2014. When I got there I was seen by Dr. Garg. Before she begin treatment Dr. Garg presented me with a Co-pay form. I told her that this was a follow-up from emergency care, and due to that the statute states that no co-pay is required. Dr. Garg said she wouldn't provide me with treatment unless I sign the co-pay. I told her

Relief Requested: \_\_\_\_\_

**RECEIVED**

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 6/3/14  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

**Counselor's Response (if applicable)**

Date Received: 6/11/14 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: The Public Act 91-912 states copayment will be made for dental services. However it also states inmates will not be charged for a physician requested follow-up appointment.

L. Dennis L. Dennis 6/11/14  
Print Counselor's Name Counselor's Signature Date of Response

**EMERGENCY REVIEW**

Date Received: 1/1/14 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

to ask Dr. Mitchell about it. Dr. Gaug then refuse to treat me and sent me back to the bullpen. On my way out Dr. Mitchell asked what was happening. I explained the co-pay situation to her. She called Dr. Gaug to talk to her, and told me to wait in the bullpen. I was not given any treatment since.

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

13408

Date: <u>6/6/14</u>	Offender: <u>DeAndre Crawford</u> <small>(Please Print)</small>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: STATEVILLE

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if **EMERGENCY** grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 6/5/14 I was scheduled to receive my partials. After being seen by Dr. Mitchell whom provided me with the partial, Dr. Mitchell asked me what did I want to do about broken tooth. I told her that I had been scheduled twice to have the tooth fixed. One date was 5/16/14 for emergency care, which I was not seen. The second scheduled date was for 5/23/14 which was the make-up date for not receiving the emergency care. On 5/23/14 I was seen by Dr. Gary whom refused to

Relief Requested: \_\_\_\_\_

**RECEIVED**  
OCT 6 2014

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 6/6/14  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

**Counselor's Response (if applicable)**

Date Received: 6/11/14

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: The public act also states offenders are not to be refused treatment if said offender refuses to sign and/or provide a money voucher for payment. A copy of this grievance has been forwarded to the health care for their handling.

L. Dennis L. Dennis 6/11/14  
Print Counselor's Name Counselor's Signature Date of Response

**EMERGENCY REVIEW**

Date Received: \_\_\_\_\_

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

\_\_\_\_\_  
Chief Administrative Officer's Signature

\_\_\_\_\_  
Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

provide me care because I refuse the \$5 co-pay. Which  
I explained to her didn't/does not apply to this case  
according to IL General Assembly - Public Act 097-0562  
"A ~~convicted~~ person shall not be subjected to a \$5 co-pay for  
follow-up visits ordered by a physician (Dr. Brooks)." I  
told Dr. Mitchell that Dr. [Name] refused to provide me with  
treatment. Dr. Mitchell said she knows and that I would not  
be seen unless I pay the co-pay. I then told her about the  
statute. She said I'd still have to pay the co-pay or not be  
seen.

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or Correspondence

Offender: Crawford Deandric M30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance: Facility Grievance # (if applicable) 4229 Dated: 2/19/15 or ☐ Correspondence: Dated: 10/24/14  
 Received: 2/19/15 Regarding: Medical Copays + DR  
Date

The attached grievance or correspondence is being returned for the following reasons:

## Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
 Office of Inmate Issues  
 1301 Concordia Court  
 Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
 319 E. Madison St., Suite A  
 Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on                      Date
- ☒ No justification provided for additional consideration.

Other (specify): Incomplete submission. Missing 1<sup>st</sup> page of original grievance.

Completed by: Sarah Johnson Sarah Johnson 3.11.15  
Print Name Signature Date

Distribution: Offender  
 Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

ARB - Crawford 000180

## Offender Disciplinary Report

Date: 10/24/2014

## Type of Report:

☒ Disciplinary☐ Investigative

Facility

ID #: M30080

Offender Name: Crawford Deandre

Observation Date: 10/24/2014 Approximate Time: 11:15

☒ a.m.  
☐ p.m.

Location: HCL - Dental Clinic

Offense(s): DR 504: 206 Intimidation or Threats

Observation: (NOTE: Each offense identified above must be substantiated.) On the above date and approximate time Mr. Crawford was called into the dental chair when I came over to discuss the treatment he was scheduled for on tooth #9. Mr. Crawford became very argumentative stating that he was charged the case. He also stated that he was charged by the department when I introduced Mr. Crawford. We do not charge for an adjustment. He stated it did not matter if I am using my authority, I asked what he was talking about. Mr. Crawford stated he makes his money from selling the staff. He further stated he makes his money from selling the staff. He further stated he makes his money from selling the staff.

Witness(es): Alicia Shivers D.A. Kenneth Brooks D.D.S.

☐ Check if Offender Disciplinary Continuation Page, DOC 0318, is attached to describe additional facts, observations or witnesses.

J.F. Mitchell

Reporting Employee (Print Name)

Badge #

Signature

Date

Time

☒ a.m.  
☐ p.m.

## Disciplinary Action:

Shift Review: ☐ Temporary Confinement ☐ Investigative Status Reasons:

Printed Name and Badge #

Shift Supervisor's Signature  
(For Transition Centers, Chief Administrative Officer)

Date

Reviewing Officer's Decision: ☐ Confinement reviewed by Reviewing Officer Comment:
☒ Major Infraction, submitted for Hearing Investigator, if necessary and to Adjustment Committee  
☐ Minor Infraction, submitted to Program Unit

Print Reviewing Officer's Name and Badge #

Reviewing Officer's Signature

Date

☐ Hearing Investigator's Review Required (Adult Correctional Facility Major Reports Only):

Print Hearing Investigator's Name and Badge #

Hearing Investigator's Signature

Date

Procedures Applicable to all Hearings on Investigative and Disciplinary Reports

You have the right to appear and present a written or oral statement or explanation concerning the charges. You may present relevant physical material such as records or documents.

Procedures Applicable to Hearings Conducted by the Adjustment Committee on Disciplinary Reports

You may ask that witnesses be interviewed and, if necessary and relevant, they may be called to testify during your hearing. You may ask that witnesses be questioned along lines you suggest. You must indicate in advance of the hearing the witnesses you wish to have interviewed and specify what they could testify to by filling out the appropriate space on this form, leaving it off, and returning it to the Adjustment Committee. You may have staff assistance if you are unable to prepare a defense. You may request a reasonable extension of time to prepare for your hearing.

☐ Check if offender refused to sign

Offender's Signature

2752

ID#

Serving Employee (Print Name)

Badge #

Signature

Date Served

Time Served

☐ I hereby agree to waive 24-hour notice of charges prior to the disciplinary hearing.

Offender's Signature

ID#

(Detach and Return to the Adjustment Committee or Program Unit Prior to the Hearing)

Date of Disciplinary Report

Print offender's name

ID#

I am requesting that the Adjustment Committee or Program Unit consider calling the following witnesses regarding the Disciplinary Report of the above date:

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
Witness can testify to:			
Witness can testify to:			

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
Witness can testify to:			

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
Witness can testify to:			

Print Name of witness	Witness badge or ID#	Assigned Cell (if applicable)	Title (if applicable)
Witness can testify to:			

Page 1 of 2

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Distribution: Master File  
Offender  
Facility (2)

DOC 0317 (Rev. 2/2007)

ARB - Crawford 000181

ILLINOIS DEPARTMENT OF CORRECTIONS  
Offender Disciplinary Continuation Page

Stateville Correctional Facility

☒ Disciplinary Report   ☐ Investigative Report   ☐ Disciplinary Summary   ☐ Adjustment Committee Summary

Report/Incident Date: 10/24/2014

Incident # (if applicable): page 2 of 2

Offender Information:

Offender Name: Crawford, Deondre

ID #: M3008D

Use the space below to provide any additional information.

Stated that he and his roommate make their money from lawsuits against the State. When I asked who was his roommate he stated, "Raymond King (WS4043)". With a smirk on his face he stated "He already has filed his lawsuit against you. Now it is my turn". I asked what did you say he repeated "I don't care to sue you". At this point I felt the conversation was intimidating and threatening to me so I asked him to leave. End of Report

FEB 9 2015

ADMINISTRATIVE  
REVIEW BOARD

Page 2 of 2

**STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS  
ADJUSTMENT COMMITTEE  
FINAL SUMMARY REPORT**

Name: CRAWFORD, DEANDRE      IDOC Number: M30080      Race: BLK  
Hearing Date/Time: 11/5/2014 09:45 AM      Living Unit: STA-B-04-08      Orientation Status: N/A  
Incident Number: 201403346/1 - STA      Status: Final

Date	Ticket #	Incident Officer	Location	Time
10/24/2014	201403346/1-STA	MITCHELL-LAWSHEA, JA	HEALTH CARE UNIT	11:15 AM

Offense	Violation	Final Result
206	Intimidation Or Threats Reduced to : 304	Guilty

Witness Type	Witness ID	Witness Name	Witness Status
--------------	------------	--------------	----------------

No Witness Requested

### RECORD OF PROCEEDINGS

Inmate Crawford M30080 present and DR read. Crawford pleads not guilty and states that he only asked about a C/O's pay and never threatened to sue her.

### BASIS FOR DECISION

Reporting staff reflects that while talking to inmate Crawford M30080 about dental work that he would need done on tooth #9 Crawford became very argumentative stating that he was charged the copay. Inmate Crawford then stated to R/S that it didn't matter because he was suing her anyway. When R/S asked inmate Crawford M30080 what he was talking about inmate Crawford stated he makes his money from suing staff. Inmate Crawford also stated that him and his cellie make their money from suing staff. The committee reviewed DOC0443 which reflects that inmate Crawford's mental illness did not contribute to the underlying behavior of the offense for which DR was written. Mental Health also aggress with discipline administered. The committee is satisfied that inmate Crawford M30080 did in fact violate the charge of 304.

### DISCIPLINARY ACTION *(Consecutive to any priors)*

#### RECOMMENDED

Other : SMI

1 Months Commissary Restriction

Basis for Discipline: NATURE OF OFFENSE

#### FINAL

Other : SMI

1 Months Commissary Restriction

### Signatures

#### Hearing Committee

WRIGHT, CLARENCE D - Chair Person

Signature	11/05/14	BLK
Date		
Signature	11/05/14	WHI
Date		
Signature		
Date		

Recommended Action Approved

Final Comments: N/A

STATE OF ILLINOIS -- DEPARTMENT OF CORRECTIONS

ADJUSTMENT COMMITTEE

FINAL SUMMARY REPORT

Name: CRAWFORD, DEANDRE

IDOC Number: M30080

Race: BLK

Hearing Date/Time: 11/5/2014 09:45 AM

Living Unit: STA-B-04-08

Orientation Status: N/A

Incident Number: 201403346/1 - STA

Status: Final

TARRY D WILLIAMS / TDW 11/13/2014

11/13/14

Chief Administrative Officer

Signature

Date

The committed person has the right to appeal an adverse decision through the grievance procedure established by Department Rule 504: Subpart F.

NICCOELLE E JACKSON

12/2/2014

11:00 AM

Employee Serving Copy to Committed Person

When Served -- Date and Time

RECEIVED

FEB 9 2015

ADMINISTRATIVE  
REVIEW BOARD

Date: 10/30/2014

## Stateville Correctional Center

Page 1

Time: 1:58pm

## Trust Fund

d\_list\_inmate\_trans\_statement\_composite

## Inmate Transaction Statement

REPORT CRITERIA - Date: 03/01/2014 thru End; Inmate: M30080; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print Balance  
 Errors Only ? : No

Inmate: M30080 Crawford, Deandre

Housing Unit: STA-B -04-08

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							12.90
03/04/14	Point of Sale	60 Commissary	0637229	735484	Commissary	-10.05	2.85
03/06/14	Mail Room	01 MO/Checks (Not Held)	0652117	27469	Cibf Grievance	12.49	15.34
03/07/14	Payroll	20 Payroll Adjustment	0661117		P/R month of 2 2014	9.52	24.86
03/09/14	Mail Room	15 JPAY	068200	32990892	Crawford, Katherine	50.00	74.86
03/19/14	Point of Sale	60 Commissary	0787229	737550	Commissary	-38.17	36.69
04/07/14	Payroll	20 Payroll Adjustment	0971117		P/R month of 3 2014	10.00	46.69
04/07/14	Payroll	20 Payroll Adjustment	0971117		P/R month of 3 2014	-10.00	36.69
04/08/14	Point of Sale	60 Commissary	0987196	739329	Commissary	-26.40	10.29
04/08/14	Payroll	20 Payroll Adjustment	0981117		P/R month of 3 2014	10.00	20.29
04/22/14	Disbursements	80 Postage	1123117	Chk #174781	dl16760, Pitney Bowe, Inv. Date: 02/07/2014	-2.80	17.49
05/07/14	Payroll	20 Payroll Adjustment	1271117		P/R month of 4 2014	10.00	27.49
05/08/14	Mail Room	15 JPAY	128200	34725189	Crawford, Katherine	60.00	87.49
05/13/14	Point of Sale	60 Commissary	1337223	743150	Commissary	-45.18	42.31
06/03/14	Point of Sale	60 Commissary	1547222	745211	Commissary	-42.14	.17
06/05/14	Payroll	20 Payroll Adjustment	1561117		P/R month of 5 2014	10.00	10.17
06/18/14	Point of Sale	60 Commissary	169761	747199	Commissary	-9.16	1.01
07/09/14	Payroll	20 Payroll Adjustment	1901117		P/R month of 6 2014	10.00	11.01
07/11/14	Point of Sale	60 Commissary	1927223	748966	Commissary	-9.41	1.60
07/17/14	Mail Room	10 Western Union	198200	5728511939	Price, Jean	70.00	71.60
07/18/14	Point of Sale	60 Commissary	199761	750021	Commissary	-53.74	17.86
07/22/14	Point of Sale	60 Commissary	203761	750418	Commissary	-12.72	5.14
07/28/14	Disbursements	90 Medical Co-Pay	2093117	Chk #176409	dl22780, DOC: 523 Fu, Inv. Date: 07/21/2014	-5.00	.14
07/31/14	Mail Room	15 JPAY	212200	37020021	Crawford, Katherine	100.00	100.14
08/01/14	Mail Room	15 JPAY	213200	37059708	Crawford, Katherine	100.00	200.14
08/05/14	Point of Sale	60 Commissary	2177225	751369	Commissary	-147.74	52.40
08/05/14	Disbursements	90 Medical Co-Pay	2173117	Chk #176529	dl23612, DOC: 523 Fu, Inv. Date: 07/29/2014	-5.00	47.40
08/06/14	Payroll	20 Payroll Adjustment	2181117		P/R month of 7 2014	21.96	69.36
08/19/14	Point of Sale	60 Commissary	2317223	752791	Commissary	-54.47	14.89
09/05/14	Payroll	20 Payroll Adjustment	2481117		P/R month of 8 2014	10.55	25.44
09/15/14	Point of Sale	60 Commissary	2587229	755278	Commissary	-4.75	20.69
09/16/14	Disbursements	84 Library	2593117	Chk #177533	dl25110, DOC: 523 Fu, Inv. Date: 08/28/2014	-.30	20.39
10/06/14	Payroll	20 Payroll Adjustment	2791117		P/R month of 9 2014	5.10	25.49
10/07/14	Point of Sale	60 Commissary	2807155	757667	Commissary	-20.44	5.05
10/22/14	Disbursements	90 Medical Co-Pay	2953117	Chk #178182	dl28430, DOC: 523 Fu, Inv. Date: 10/03/2014	-5.00	.05

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ADMINISTRATIVE  
REVIEW BOARD

Total Inmate Funds:	.05
Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	.05
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

## Proof of Service

Please take notice that on February 4, 2015  
I placed a copy of grievance officer report  
#4229, with grievance #4229, disciplinary  
report, adjustment committee summary report,  
and inmate transcript statement in the  
Stateville Correctional Center mail properly  
addressed to the administration review  
board.

To: Administration Review Board  
P.O. Box 19277  
Springfield, IL 62794-9277

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FEB 9 2015

ADMINISTRATIVE  
REVIEW BOARD

Respectfully  
DeAndre Crawford #M30080  
P.O. Box 112  
Joliet, IL 60434

Subscribed and sworn to before me  
this 3<sup>rd</sup> day February, 2015.

David Mansfield



ARB - Crawford 000186

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So: Administration Review Board

ADMINISTRATIVE  
REVIEW BOARD

My name is LeAndre Crawford. I am appealing this disciplinary report written on 10/24/14 by Dr. Mitchell and decided by Lt. Wright. First, Dr. Mitchell falsified the disciplinary report. She stated, "When informed Mr. Crawford we do not charge for an adjustment. He stated it does not matter I am suing you anyway". If you look at the transaction sheet you will see that Dental did charge me twice for the co pay; once on 7/23/14 and again on 8/05/14. Also I did not tell her that I was suing her. My suit is against Dr. Davis and that suit # is 14C 6211

Second, Dr. Mitchell threaten me because she and my cellie Raymond King are in a legal dispute. I don't have a suit against her. Then Lt. Wright allowed Dr. Mitchell to use the hearing board for retaliation purposes. At my hearing I gave Lt. Wright my written statement and list of witnesses. Yet he didn't make mention of either in the summary report, which was reduced from intimidation or threats to whatever in a 304. ABB- Crawford 000187

Lt. Wright also states that my mental health state has ~~no~~ nothing to do with that issue. That was not in the original ticket. I am asking to have my record expunged.

Respectfully  
DeAndee Crawford #M30080  
P.O. Box 112  
Joliet, IL 60434

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ADMINISTRATIVE  
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

Grievance Officer's Report

Date Received: 12/18/14

Date of Review: 1/5/15

Grievance # (optional): 4229

Committed Person: **DeAndre Crawford**

ID#: M30080

Nature of Grievance: DR - 201403346/1-STA

B408

**Facts Reviewed:** Grievant was issued a DR for 206 reduced to 304 on 10/24/14 and was found guilty and received one month commissary restriction. He wants the disciplinary report expunged and for the two co-pays to be credited back to his account as he never received services on 7/21/14 and 7/29/14.

Grievance Officer finds that per Medical Records, there is no notes(s) that would indicate a need for co-pays on 7/21/14 and 7/29/14.

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ADMINISTRATIVE  
REVIEW BOARD

Grievance Officer finds that DR was reviewed and determined by the Adjustment Committee that they are reasonably satisfied of the offender's guilt. Grievance Officer cannot substantiate the incident occurred any other way than reported. DR upheld, disciplinary sanctions and procedures imposed are within max capacity.

**Recommendation:** Based upon a total review of all available information, it is recommended that grievance be DENIED. Unable to substantiate this incident occurred any other way than reported. \$10.00 should be reimbursed to the offender from the Inmate Benefit Fund.

**Anna McBee, CCII**

Print Grievance Officer's Name

Anna McBee

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 1/12/15

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Tony Williams

Date

1/13/15

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

2/1/15

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

because the case was not investigated. First el did not tell Dr. Mitchell el was gonna sue her! Even if this had been true this does not constitute a threat under Statute 106. Also a person has a constitutional right to inform a potential defendant that he plans to take legal action ~~against~~ against, or sue them. Second the trustfund shows that on 7/23/14 el was charged a \$5 co-pay (check #176409) and again on 8/05/14 (check #176529). Proper investigation would have prove the lack of credibility of Dr. Mitchell's disciplinary report. Plus my witnesses Dr. Jones and Dental assistant Chris would also have verified that el did not threaten her, or was any security officers, C/O's called because of alleged presence from the threats.

RECEIVED

FEB 9 2015

ADMINISTRATIVE  
REVIEW BOARD

2/10/15



**Illinois**  
Department of  
**Corrections**

**BRUCE RAUNER**  
Governor

**S.A. GODINEZ**  
Acting Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

Offender Name: Crawford, Deandre

Date: 2/27/15

Register # M30080

Facility: Stateville

This is in response to your grievance received on 9/25/14 & 10/1/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 8/4/14 Grievance Number: 2484 Griev Loc: Stateville

- |  |  |
|--|--|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator            | <input type="radio"/> Commissary                                       |
| <input type="radio"/> Dietary  | <input type="radio"/> Trust Fund                                       |
| <input type="radio"/> Personal Property  | <input type="radio"/> Conditions (cell conditions, cleaning supplies)  |
| <input type="radio"/> Mailroom/Publications  | <input type="radio"/> Disciplinary Report dated _____ Incident # _____ |
| <input checked="" type="radio"/> Assignment (job, cell) <u>loss of assignment 8/3/14</u> | <input type="radio"/> Other _____                                      |

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.                                      | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.  | <input checked="" type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.  |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. | <input type="radio"/> Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.  |
| <input type="radio"/> In addition, property items are to be disposed of in accordance with DR501C.   |  |
| <input type="radio"/> Other: _____   |  |

FOR THE BOARD: Sarah Johnson  
Sarah Johnson  
Administrative Review Board

CONCURRED: S.A. Godinez  
S.A. Godinez  
Acting Director

CC: Warden Stateville Correctional Center  
Deandre Crawford Register No. M30080

## Proof of Service

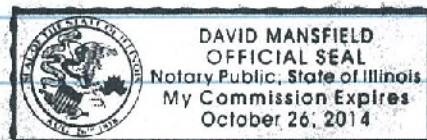
Please take notice that on September 23, 2014, I placed a copy of grievance and grievance office response in the Stateville C.C. mail properly addressed to the Administration review Board.

To: Administration Review Board  
P.O. Box 19277  
Springfield, IL. 62794-9277

Respectfully  
DeAndre Crawford  
P.O. Box 112  
Joliet, IL. 60434

Subscribed and Sworn to before me  
this 23<sup>rd</sup> day of September, 2014

David Mansfield



**RECEIVED**

**SEP 25 2014**

**OFFICE OF  
INMATE ISSUES**

ILLINOIS DEPARTMENT OF CORRECTIONS  
**RESPONSE TO COMMITTED PERSON'S GRIEVANCE**

**B408**

**Grievance Officer's Report**

Date Received: 8/19/14 Date of Review: 8/22/14 Grievance # 2484

Committed Person: Crawford, DeAndre

ID#: M30080

Nature of Grievance: Job Assignment Loss

**Facts Reviewed:** Grievant states that on 8/1/14 he was notified that he would be terminated from his job assignment as of 8/4/14 and seeks to have his assignment back or be placed in a different assignment and be compensated for lost wages.

**Grievance Office Response:**

Job assignments are a privilege and, in accordance with Department Rule 420, Assignment of Committed Persons, "A committed person may be removed from his assignment and/or reassigned by the Chief Administrative Officer or by the Assignment Officer with subsequent approval by the Chief Administrative Officer. Removal and/or reassignment shall be based upon matters including, but not limited to, the committed person's inability or incompetence in performing or completing the assignment, disciplinary reasons, and the committed person's request for an assignment change, staff recommendations security or administrative reasons.

Recommendation: Grievance Denied

Jill Parrish CC2

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

**Chief Administrative Officer's Response**

Date Received: 9/8/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

**RECEIVED**

**SEP 25 2014**

**OFFICE OF  
INMATE ISSUES**

Chief Administrative Officer's Signature

Tary Williams

9/8/14

Date

**Committed Person's Appeal To The Director**

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

De Andre Crawford  
 Committed Person's Signature

M30080  
 ID#

9/23/14  
 Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
-OFFENDER'S GRIEVANCE

*3148*

Date: <u>8/4/14</u>	Offender: <u>DeAndre Crawford</u> (Please Print)	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Other (specify): <u>Job</u>	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

It was notified on 8/1/14 that I would be terminated from my job assignment as of 8/4/14. Although it is cited as "staff recommendation, and security or administrative reasons." This act of termination is a strong showing of discrimination. No disciplinary tickets were given to me or any of my coworkers, nor was I interviewed or investigated about any wrong doing. This is a blatant disregard and violation of the imprisoned person act. When I know for a fact.

Relief Requested: I would like to either have my assignment back, be compensated for the lost of wages, or be placed on another assignment from my previous list.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 8.4.14  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>8.6.14</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>According to placement officer K. Caldean, a vote sheet was done, per ID #503-201K3, as staff recommendation to terminate you from your job assignment. Offender job assignments are a privilege not a right. This ID states that, in "Removal or reassignment"</u>		
<u>L. Dennis</u> Print Counselor's Name	<u>L. Dennis</u> Counselor's Signature	<u>8.8.14</u> Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____ Date: _____	

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OFFICE OF INMATE ISSUES

that three of the people remaining was part of the problem. Myself and five of my coworkers had only been assigned there a little over a month. Yet we were fired for actions that had been constant before we were assigned. So how can everyone except a chosen few be fired when all was present?

Counselor's Response Cont.:

shall be based on matters including but not limited to the offender's inability or incompetence in performing or completing the assignment, disciplinary reasons, the offender's request for an assignment change, staff recommendation and security or administrative reasons.

C. Dennis

Dennis

8/8/14

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 8/19/14 Date of Review: 8/22/14 Grievance # 2484

Committed Person: Crawford, DeAndre

ID#: M30080

Nature of Grievance: Job Assignment Loss

**Facts Reviewed:** Grievant states that on 8/1/14 he was notified that he would be terminated from his job assignment as of 8/4/14 and seeks to have his assignment back or be placed in a different assignment and be compensated for lost wages.

Grievance Office Response:

Job assignments are a privilege and, in accordance with Department Rule 420, Assignment of Committed Persons, "A committed person may be removed from his assignment and/or reassigned by the Chief Administrative Officer or by the Assignment Officer with subsequent approval by the Chief Administrative Officer. Removal and/or reassignment shall be based upon matters including, but not limited to, the committed person's inability or incompetence in performing or completing the assignment, disciplinary reasons, and the committed person's request for an assignment change, staff recommendations security or administrative reasons.

Recommendation: Grievance Denied

Jill Parrish CC2

Print Grievance Officer's Name

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Grievance Officer's Signature

Chief Administrative Officer's Response

Date Received: 9/8/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

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INMATE ISSUES

Chief Administrative Officer's Signature

Tary Williams

9/8/14

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

De Andre Crawford

Committed Person's Signature

M30080

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

*2188*

Date: 8/4/14 Offender: DeAndre Crawford ID#: M30080  
Present Facility: Stateville Facility where grievance issue occurred: Stateville

NATURE OF GRIEVANCE:

- ☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation  
☐ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA  
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): Job  
☐ Disciplinary Report: 1 Date of Report: 1 Facility where issued: Stateville

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
- Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
- Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
- Chief Administrative Officer, only if EMERGENCY grievance.  
- Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

It was notified on 8/1/14 that I would be terminated from my job assignment as of 8/4/14. Although it is cited as "staff recommendation, and security or administrative reasons." This act of termination is a strong showing of discrimination. No disciplinary tickets were given to me or any of my coworkers, nor was I interviewed or investigated about any wrong doing. This is a blatant disregard and violation of the imprisoned person act. When I know for a fact Relief Requested: I would like to either have my assignment back, be compensated for the lost of wages, or be placed on another assignment from my previous list.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.  
DeAndre Crawford M30080 8.4.14  
Offender's Signature ID# Date  
(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 8.6.14 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277  
Response: According to Placement Officer K. Caludean, a letterhead was done, per ID 0503.001K3, as staff recommendation to terminate you from your job assignment. Offender job assignments are a privilege not a right. This ID states that, in "Removal or reassignment"  
L. Dennis L. Dennis 8.8.14  
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 1 1 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.  
Chief Administrative Officer's Signature 1 Date

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INMATE ISSUES

that three of the people remaining was part of the problem. Myself and five of my coworkers had only been assigned there a little over a month. Yet we were fired for actions that had been constant before we were assigned. So how can everyone except a chosen few be fired when all was present?

Counselor's Response Cont.:

shall be based on matters including but not limited to the offender's inability or incompetence in performing or completing the assignment, disciplinary reasons, the offender's request for an assignment change (staff recommendation and security or administrative reasons).

C. Dennis

Dennis

8/8/14

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

*2488*

Date: <u>8/4/14</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

NATURE OF GRIEVANCE:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Personal Property                        | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time               | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct                            | <input type="checkbox"/> Dietary                                 | <input type="checkbox"/> Medical Treatment                      | <input type="checkbox"/> HIPAA                        |
| <input type="checkbox"/> Transfer Denial by Facility              | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input checked="" type="checkbox"/> Other (specify): <u>Job</u> |   |
| <input type="checkbox"/> Disciplinary Report: <u>1</u> / <u>1</u> |  | Facility where issued: <u>STA # 2484</u>                        |   |

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

el was notified on 8/1/14 that el would be terminated from my job assignment as of 8/4/14. Although it is cited as "staff recommendation, and security or administrative reasons." This act of termination is a strong showing of discrimination. No disciplinary tickets were given to me or any of my coworkers, nor was el interviewed or investigated about any wrong doing. This is a blatant disregard and violation of the imprisoned person act. When el know for a fact Relief Requested: el would like to either have my assignment back, be compensated for the lost of wages, or be placed on another assignment from my previous list.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford  
Offender's Signature

M30080 8.4.14  
ID# Date

(Continue on reverse side if necessary)

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Counselor's Response (if applicable)

OFFICE OF  
INMATE ISSUES

Date Received: 8.6.14 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: According to Placement Officer K. Caldean, a vole sheet was done, per ID #503.001K3, as staff recommendation to terminate you from your job assignment. Offender job assignments are a privilege not a right. This ID states that, in "Removal or reassignment"

L. Dennis  
Print Counselor's Name

L. Dennis  
Counselor's Signature

8.8.14  
Date of Response

EMERGENCY REVIEW

Date Received: 1 / 1 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature

Date

that three of the people remaining was part of the problem. Myself and five of my coworkers had only been assigned there a little over a month. Yet we were fired for actions that had been constant before we were assigned. So how can everyone except a chosen few be fired when all was present?

Counselor's Response Cont.:

shall be based on matters including but not limited to the offender's inability or incompetence in performing or completing the assignment, disciplinary reasons, the offender's request for an assignment change, staff recommendation and security or administrative reasons.

C. Dennis

C. Dennis

8/8/14

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OFFICE OF  
INMATE ISSUES

Ms. Shannis Stock:

My name is De Andre Crawford. I am an inmate at Stateville. I am writing to you about job assignments. On August 4, 2014 I was terminated from my assignment in the commissary along with 11 other people. I had nothing to do with the problem over there! In fact on my second day there Mr. Harrington informed me that he was in the process of firing the whole crew, and that I had come at the wrong time. I did not receive a ticket for this incident, nor was I put under investigation. My cell was shookdown without anything being found. I practically had to beg for an assignment to begin with. I was on the list for over a year before being placed in a situation to lose the job as soon as I got it. My counselors' reply was that my firing was due to staff recommendation. I spoke to both warden Williams and Lamb. Warden Lamb told me it was Warden

Williams call to fire the crew. I spoke to Warden Williams on Sept. 8, 2014. He didn't know or was unaware that the whole crew had been fired. All I asked, and am asking for is another job. The placement officer Ms. Rabideau told me that I now have to start from the bottom of the list, because I was given that job. I feel I lost my job wrongfully, and though it is a privilege I just ask to be reassigned. There are openings in these other fields whom list I am on.

Respectfully  
DeAndre Crawford  
M30080

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**OFFICE OF**  
**INMATE ISSUES**



**Illinois**  
**Department of**  
**Corrections**

**Pat Quinn**  
Governor

**S. A. Godinez**  
Director

Stateville Correctional Center  
Route 53, P.O. Box 112  
Joliet, IL 60434

Telephone: (815) 727 -3607  
TDD: (800) 526-0844

**MEMORANDUM**

DATE: September 6, 2013

TO: M30080 Crawford, Deandre B-1019

FROM: K. RABIDEAU, CC2 - PLACEMENT OFFICER

SUBJECT: JOB ASSIGNMENT WAITING LISTS

Your name has been placed on the following waiting list(s) and will remain on these lists until the following date: 9-6-2014

1. Industries
2. Commissary (since 11/26/12)
3. Laundry (since 11/26/12)
4. Kitchen (since 11/26/12)

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**INMATE ISSUES**

You submitted a request to be on the following lists but were **DENIED**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be advised that it will be your responsibility to re-request placement on job waiting lists after one year (the date listed above). Your name will automatically drop from the waiting lists after that date.**

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

D408

Date: <u>5/27/14</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input checked="" type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify): _____

☐ Disciplinary Report: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

As of July 30, 2014 I have been an inmate in Stateville. I have been on the detail assignment list since 9-6-12. I have/am experiencing discrimination against me for the details I have applied for. I wrote by Mr. Rabideau and warden Calloway about open detail positions. I know for a fact that I was on three of the detail list before at least five of the people that have been hired within that time frame. I haven't had any disciplinary tickets ever! I have witness several people get fired.

Relief Requested: So be assigned to one of the details for which I have been waiting on for a 1 3/4 years.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080  
Offender's Signature ID#

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**5 12 7 14**  
**OFFICE OF INMATE ISSUES**

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>5, 28, 14</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>As of 6/9/14, offender Crawford has been assigned as a commissary worker.</u>		
<u>L. Dennis</u> Print Counselor's Name	<u>L. Dennis</u> Counselor's Signature	<u>7, 23, 14</u> Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: _____ / _____ / _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

from one detail and be hired onto another one shortly  
after. I have enclosed my detail waiting list to show  
that I have been on the waiting list since 2012.



**Illinois**  
Department of  
**Corrections**

**PAT QUINN**  
Governor

**S.A. GODINEZ**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

December 29, 2014

Deandre Crawford  
Register No. M30080  
Stateville Correctional Center

Dear Mr. Crawford:

This is in response to your grievance received on July 7, 2014, regarding Medical (Dental Request, Co-Pay, 5/16/14), which was alleged to have occurred at Stateville Correctional Center. This office has determined the issue will be addressed without a formal hearing.

This office has reviewed your grievance dated May 16, 2014 regarding your requests for dental treatment on May 16, 2014. In summary, you believe this was an emergency situation, but was not call-passed until May 23, 2014; of which you refused to sign the co-pay voucher, as again, you believed you had an emergency request.

The Grievance Officer's Report (M257) and subsequent recommendation dated June 16, 2014 and approval by the Chief Administrative Officer on June 24, 2014 have been reviewed.

It is noted Offender Crawford refused to sign the co-pay voucher; therefore, refusing treatment. HCU Staff determine whether or not the issue at hand is an emergency. This decision is not made or determined by the offender himself. Additionally, an offender must sign this document/voucher. If determined an offender is indigent or incident was an emergency, an offender will not be charged. If co-pay was deducted, it will be placed back onto his/her account.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance and relief requested be denied.

FOR THE BOARD:

Sherry Benton  
Administrative Review Board  
Office of Inmate Issues

CONCURRED:

  
S.A. Godinez  
Director

cc: Warden, Stateville Correctional Center  
Deandre Crawford, Register No. M30080

ARB - Crawford 000206

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B 408

Grievance Officer's Report

Date Received: 5/23/14

Date of Review: 6/16/14

Grievance # (optional): M257

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Medical Treatment - Dental

Facts Reviewed: Grievant claims he needs emergency dental care for a broke tooth.

Per Medical Records, grievant was seen by dental on 5/23/14 and refused to pay the co-pay and left the dental department untreated.

Inmate Issues

JUL 7 2014

Recommendation: No action.

Anna McBee, CCII

Print Grievance Officer's Name

Anna McBee

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 6/23/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Terry Wilbans

Date

6/24/14

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

6/26/14

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B 408

sent to grievance

Date: <u>5/16/14</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>MAY 23 2014</u>	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report \_\_\_\_\_ Facility where issued \_\_\_\_\_ STA# M257

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):  
Today I was scheduled for emergency dental and In-House RA-Sick Call. At sick call I was seen by nurse Liddle. I informed her that my tooth, nose, and head was still hurting and the vision in my right eye was/is blurry. She asked me what would I like her to do, because I had already seen Dr. Olaisi and the dentist. Dental assistant Babby called B-house to have me brought over to HCU. I asked C/O Harris to call back over to see if they still wanted me over there. Sgt. Butler over rode him.

**Relief Requested:** get emergency dental care for the broke tooth I received from falling out the top bunk.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 5/16/14  
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>5/20/14</u>	<input type="checkbox"/> Send directly to Grievance Officer. <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>On 5/22/14 Dr. Sappell stated Crawford M30080 is on the schedule to be seen.</u>		
<u>L. Dennis</u> Print Counselor's Name	<u>L. Dennis</u> Counselor's Signature	<u>5/22/14</u> Date of Response

<b>EMERGENCY REVIEW</b>		
Date Received: <u>5/16/14</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
<u>mate Issues</u> <u>11/7 2014</u>		Date: _____
Chief Administrative Officer's Signature		

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

and told him "if they need/want him they'll call for him.  
Inmate King told Dr. Mitchell that I was in pain and  
needed to be seen for my emergency call pass. She told  
King to mind his business and she'll get me over when  
ever.

computed by the Department under rules and regulations that it shall establish for that purpose. However, interest at the rate of 6% per annum shall be charged on the balance of those costs from time to time remaining unpaid, from the date of the person's parole, mandatory supervised release, or release constituting a final termination of his or her commitment to the Department until paid.

(d-5) A person committed to the Department is entitled to confidential testing for infection with human immunodeficiency virus (HIV) and to counseling in connection with such testing, with no copay to the committed person. A person committed to the Department who has tested positive for infection with HIV is entitled to medical care while incarcerated, counseling, and referrals to support services, in connection with that positive test result. Implementation of this subsection (d-5) is subject to appropriation.

(e) A person committed to the Department who becomes in need of medical or surgical treatment but is incapable of giving consent thereto shall receive such medical or surgical treatment by the chief administrative officer consenting on the person's behalf. Before the chief administrative officer consents, he or she shall obtain the advice of one or more physicians licensed to practice medicine in all its branches in this State. If such physician or physicians advise:

(1) that immediate medical or surgical treatment is required relative to a condition threatening to cause death, damage or impairment to bodily functions, or disfigurement; and

(2) that the person is not capable of giving consent to such treatment; the chief administrative officer may give consent for such medical or surgical treatment, and such consent shall be deemed to be the consent of the person for all purposes, including, but not limited to, the authority of a physician to give such treatment.

(e-5) If a physician providing medical care to a committed person on behalf of the Department advises the chief administrative officer that the committed person's mental or physical health has deteriorated as a result of the cessation of ingestion of food or liquid to the point where medical or surgical treatment is required to prevent death, damage, or impairment to bodily functions, the chief administrative officer may authorize such medical or surgical treatment.

(f) In the event that the person requires medical care and treatment at a place other than the institution or facility, the person may be removed therefrom under conditions prescribed by the Department. The Department shall require the committed person receiving medical or dental services on a non-emergency basis to pay a \$5.02 co-payment to the Department for each visit for medical or dental services. The amount of each co-payment shall be deducted from the committed person's individual account. A committed person who has a chronic illness, as defined by Department rules and regulations, shall be exempt from the \$5.02 co-payment for treatment of the chronic illness. A committed person shall not be subject to a \$5.02 co-payment for follow-up visits ordered by a physician, who is employed by, or contracts with, the Department. A committed person who is indigent is exempt from the \$5.02 co-payment and is entitled to receive medical or dental services on the same basis as a committed person who is financially able to afford the co-payment. For the purposes of

**Inmate Issues**

JUL 7

2014

## Proof of Service

Please take notice that on  
June 30, 2014 I placed a copy of  
grievance and grievance office  
response in the Stateville C.C. mail  
Properly addressed to The Administration  
Review Board

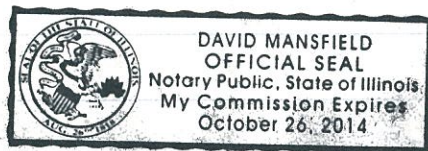
TO: Administrative Review Board  
P.O. Box 19277  
Springfield, IL 62794-9277

Dated June 30, 2014

DeAndre Crawford  
DeAndre Crawford #130080  
P.O. Box 112  
Joliet, IL 60434

Subscribed and sworn to before me  
this 30<sup>th</sup> day June, 2014.

David Mansfield



**Inmate Issues**

**JUL 7 2014**



**Illinois**  
Department of  
**Corrections**

**PAT QUINN**  
Governor

**S.A. GODINEZ**  
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

Offender Name: Crawford, Deandre

Date: 12/19/14

Register # M30080

Facility: Stateville

This is in response to your grievance received on 7/24/14. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 4/22/14 Grievance Number: 1844 Griev Loc: Stateville

- |   |   |
|---|---|
| <input type="radio"/> Transfer denied by the Facility or Transfer Coordinator | <input type="radio"/> Commissary                                      |
| <input type="radio"/> Dietary   | <input type="radio"/> Trust Fund                                      |
| <input type="radio"/> Personal Property                                       | <input type="radio"/> Conditions (cell conditions, cleaning supplies) |
| <input type="radio"/> Mailroom/Publications                                   | <input type="radio"/> Disciplinary Report dated                       |
| <input type="radio"/> Assignment (job, cell)                                  | Incident #  |

☒ Other Go Walker, Seizure Clinic  
of 4/22/14.

Based on a review of all available information, this office has determined your grievance to be:

- |  |  |
|--|--|
| <input type="radio"/> Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.                                      | <input type="radio"/> Denied as the facility is following the procedures outlined in DR525.  |
| <input type="radio"/> Denied, in accordance with DR504F, this is an administrative decision.   | <input type="radio"/> Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.  |
| <input checked="" type="radio"/> Denied, this office finds the issue was appropriately addressed by the facility Administration.   | <input type="radio"/> Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.   |
| <input type="radio"/> Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)  | <input type="radio"/> Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report. |
| <input type="radio"/> Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision. | <input type="radio"/> Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.  |
| <input type="radio"/> In addition, property items are to be disposed of in accordance with DR501C.   |  |

☒ Other: Claims against Go Walker are unsubstantiated.  
You've since been seen at Seizure Clinic.

FOR THE BOARD: Sherry Benton  
Sherry Benton  
Administrative Review Board

CONCURRED: S.A. Godinez  
S.A. Godinez  
Director

CC: Warden, Stateville  
Crawford, Deandre Correctional Center  
Register No. M30080

12/22/14

**State of Illinois - Department of Corrections**  
**Counseling Summary**

<b>IDOC #</b>	<b>M30080</b>	<b>Counseling Date</b>	<b>04/25/14 15:31:52:393</b>
<b>Offender Name</b>	<b>CRAWFORD, DEANDRE</b>	<b>Type</b>	<b>Personal</b>
<b>Current Admit Date</b>	<b>07/17/2012</b>	<b>Method</b>	<b>Face To Face</b>
<b>MSR Date</b>	<b>02/12/2088</b>	<b>Location</b>	<b>STA B</b>
<b>HSE/GAL/CELL</b>	<b>B -04-08</b>	<b>Staff</b>	<b>DENNIS, LANDRIAA., Correctional Counselor II</b>

---

Requested a transaction statement. Mailed.

## Proof of Service

Please take notice that on July 2014 I placed a copy of grievance stamped <sup>1844</sup> ~~1844~~ and grievance office response in the Stateville C.C. mail properly addressed to the Administration Review Board

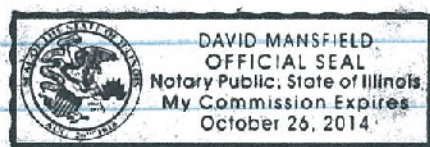
To: Administrative Review Board  
P.O. Box 19277  
Springfield, IL. 62794-9277

Dated July 21, 2014

De Andie Crawford #130080  
P.O. Box 112

Subscribed and sworn to before me  
this 21<sup>st</sup> day July, 2014  
Joliet, IL. 60434

David Mansfield



Inmate Issues

JUL 24 2014

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 6/27/14

Date of Review: 7/7/14

Grievance # (optional): 1844

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Staff Conduct – Performance of Duty

Facts Reviewed: Grievant claims that C/O Walker refused to take him to the HCU for seizure clinic on 4/22/14. He wants to be rescheduled for seizure clinic and for C/O Walker to be disciplined.

Per Medical Records, grievant was seen in seizure clinic on 4/30/14.

Grievant has no authority to recommend discipline for staff.

Inmate Issues

JUL 24 2014

Recommendation: No action as it appears to be necessary.

Anna McBee, CCII

Print Grievance Officer's Name

Anna McBee

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 7/7/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Terry Williams

Date

7/8/14

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

7/11/14

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: <u>4/22/14</u>	Offender: <u>DeAndre Crawford</u> (Please Print)	ID#: <u>M30080</u>
Present Facility: <u>Stateville</u>	Facility where grievance issue occurred: <u>Stateville</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: STA-1844

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):  
Today I had a call pass for seizure clinic. C/o Walker refuse to let out both four and six gallery for their call passes. From 11am to 2:15pm C/o Walker stated that all call passes were on hold. However the hospital called at 1:30 to have all passes sent to HCU. This is an every day thing with C/o Walker. Warden Calloway was in B-house around 2:45-3:00. We told him that this was going on. I haven't been seen for my seizures since 1/24/14. I feel a concern for my health and safety with  
 Relief Requested: to be immediately scheduled for seizure clinic and disciplinary action for C/o Walker

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 4/22/14  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>	
Date Received: <u>4/25/14</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>On 4/5/14 C/o Walker stated she does not recall the above alleged incident.</u>	

Inmate Issues  
JUL 24 2014

L. Dennis L. Dennis 6/5/14  
Print Counselor's Name Counselor's Signature Date of Response

<b>EMERGENCY REVIEW</b>	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

C/O Walker working our house. This is a real  
worry we have dealing with C/O Walker and getting  
medical treatment. Which is also a violation of our  
constitutional rights and the imprisoned persons agreement  
act.

## ILLINOIS DEPARTMENT OF CORRECTIONS

# Administrative Review Board

## Return of Grievance or Correspondence

Offender: Crawford Deandre M 30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance: Facility 1181 Dated: 3/19/13 top or ☐ Correspondence: Dated: 3/19/14 bottom  
 Received: 7/7/14 Regarding: Since Aug 2012, requesting of a  
Date Halal Diet.

The attached grievance or correspondence is being returned for the following reasons:

### Additional information required:

- ☐ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☐ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board  
 Office of Inmate Issues  
 1301 Concordia Court  
 Springfield, IL 62794-9277

### Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
 319 E. Madison St., Suite A  
 Springfield, IL 62706

### No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☒ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_  
Date
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Sherry Benton S Benton 12.19.14  
Print Name Signature Date

Distribution: Offender  
 Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev.4/2013)

ARB - Crawford 000218

ILLINOIS DEPARTMENT OF CORRECTIONS  
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

B408

Grievance Officer's Report

Date Received: 4/15/14

Date of Review: 6/17/14

Grievance # (optional): 1181

Committed Person: DeAndre Crawford

ID#: M30080

Nature of Grievance: Dietary Issues

Facts Reviewed: Grievant wants to receive a Halal diet.

Per Counselor Dennis, per Chaplain Adamson, there is no Halal diet available in IDOC.

Inmate Issues

JUL 7 2014

Recommendation: Issue appropriately addressed by counselor. No action.

Anna McBee, CCII

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 6/23/14

☒ I concur

☐ I do not concur

☐ Remand

Comments:

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

DeAndre Crawford

Committed Person's Signature

M30080

ID#

Date

Date: 3/19/13	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred:	
<b>NATURE OF GRIEVANCE:</b>		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input checked="" type="checkbox"/> Dietary	<input type="checkbox"/> Medical Treatment
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Disciplinary Report: 1/1/1	Date of Report	Facility where issued: Stateville 1181
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):		
* I have been writing grievance to get on a Halal diet, that Muslims are required to eat according to the Koran since August 2012. I have yet to get an answer. This is a clear violation of the Religious Land use and Institutionalized Persons Act, and the Free exercise clause, as well as the equal protection clause. Stateville along with chaplain Adamson refuses to address my dietary needs! The current meals afforded me causes severe acid reflux flare-ups. It also		
Relief Requested: to receive Halal meals.		Inmate Issues
OVER 60 days		JUL 7 2014
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
DeAndre Crawford Offender's Signature		M30080 ID#
		3.19.14 Date
(Continue on reverse side if necessary)		

<b>Counselor's Response (If applicable)</b>		
Date Received: 3.25.14	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: Chaplain Adamson stated there is no Halal diet available in IDOC.		
L. Dennis Print Counselor's Name	L. Dennis Counselor's Signature	4.1.14 Date of Response

<b>EMERGENCY REVIEW</b>		
Date Received: 1/1/1	Is this determined to be of an emergency nature?	
	<input type="checkbox"/> Yes; expedite emergency grievance	
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature		Date

Cause me to constantly be in a state of unfurty due to an unponnal case of gas, which interfor with muslims prayer. Stateville provides all other groups with their prescribed diets, such as the Hebrews, Jewish people, and vegetarians. This is a violation of my constitutional violation

## ILLINOIS DEPARTMENT OF CORRECTIONS

Administrative Review Board  
Return of Grievance or CorrespondenceOffender: Crawford Deandre M30080  
Last Name First Name MI ID#Facility: StatevilleX (3) Grievance: Facility Grievance # (if applicable) 2/4/14; 1/26/14; 2/10/14 Dated: 2/4/14; 1/26/14; 2/10/14 or ☐ Correspondence: Dated: 2/10/14Received: 3/12/14 Date Regarding: not reviewed partial; not seen by mental health;The attached grievance or correspondence is being returned for the following reasons: TX for prostate.

## Additional information required:

- ☒ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to: Administrative Review Board  
Office of Inmate Issues  
1301 Concordia Court  
Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
319 E. Madison St., Suite A  
Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_ Date \_\_\_\_\_
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Sarah Johnson  
Print NameSarah Johnson  
Signature4.14.14  
Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: <u>2/4/14</u>	Offender: <u>De Andee Crawford</u> (Please Print)	ID#: <u>M30080</u>
Present Facility:		Facility where grievance issue occurred: <u>Stateville</u>

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>FEB 14 2014</u>	

☐ Disciplinary Report: \_\_\_\_\_ Date of Report \_\_\_\_\_ Facility where issued: STA# 443

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
Chief Administrative Officer, only if EMERGENCY grievance.  
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): Failure to provide dentures in a reasonable and timely fashion thus causing me to suffer unnecessary pain when eating and mental anguish by having to walk around with numerous teeth missing. I had several teeth pulled by Dr. Mitchell in 2012, after which Dr. Mitchell stated she would get me for partials. It wasn't until January 14, 2014 that Dr. Mitchell did the cutting for the partials. Then two weeks later the partials came back and Dr. Mitchell refused to give the partials.

Relief Requested: \_\_\_\_\_

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

De Andee Crawford M30080 2/4/14  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: _____	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>MAR 12 2014</b>  <b>OFFICE OF INMATE ISSUES</b> </div>		
Print Counselor's Name: _____	Counselor's Signature: _____	Date of Response: _____

<b>EMERGENCY REVIEW</b>		
Date Received: <u>2/18/14</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Michael Magara</u> <u>448</u> <u>2/19/14</u> Chief Administrative Officer's Signature ID# Date		

further causing me to suffer pain trying  
to eat foods. Thus violating my 8th  
Constitutional Right to Chast & unusual punishment  
and Dr. Bhat's indifference. Dr. Gang on January  
24, 2014 saw me and told me I had two cavities  
she filled one and charged me \$5 co-pay and  
left the other despite me telling her the tooth  
hurt. Dr. Gang told me to wait til Dr. Mitchell  
came. At which time I saw Dr. Mitchell who told  
me I had to get the filling before I get my  
partials and she had another dentist a white female  
whose name I don't know do the filling.  
This dentist only did one despite the other  
causing me pain. Dr. Brooks then saw me and  
Dr. Mitchell orders and Dr. Brooks stated there  
is a big hole in the tooth and I told Dr. Brooks  
to go ahead and fill the tooth Dr. Brooks stated  
that's up to Dr. Mitchell. Dr. Mitchell stated  
that it can wait despite the tooth causing me  
pain and none of these dentist gave me something  
for the pain. Let alone a temporary filling  
til a permanent one can be here. Thus  
violating my rights to deliberate indifference.

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: <u>1-26-14</u>	Offender: (Please Print) <u>DeAndre Crawford</u>	ID#: <u>M30080</u>
Present Facility: <u>STATEVILLE</u>	Facility where grievance issue occurred: <u>STATEVILLE</u>	

**NATURE OF GRIEVANCE:**

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): _____	

☐ Disciplinary Report: \_\_\_\_\_  
Date of Report: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

**Note:** Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

**Complete:** Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
 Chief Administrative Officer, only if EMERGENCY grievance.  
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

**Summary of Grievance** (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): This grievance is for deliberate indifference to my medical needs. June 2013 physician Assistant Zatzanya Williams diagnosed me with an enlarged prostate which had been causing me and difficulties. Since then the problem has persisted and gotten worse. I've put in numerous sick call slips which had went ignored til 1-13-14 approximately 5 months til I was seen at sick call. I saw Nurse named John who told me he didn't know what was going on and he'll put me in to see the doctor.

**Relief Requested:** I be seen immediately by a physician and treated for my enlarged prostate.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford M30080 1-26-14  
Offender's Signature ID# Date

(Continue on reverse side if necessary)

<b>Counselor's Response (if applicable)</b>		
Date Received: <u>1-1-14</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: _____		
<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg); display: inline-block;"> <b>RECEIVED</b>  <b>MAR 12 2014</b>  <b>OFFICE OF INMATE ISSUES</b> </div>		
Print Counselor's Name	Counselor's Signature	Date of Response

<b>EMERGENCY REVIEW</b>		
Date Received: <u>2-18-14</u>	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>Michael Magana</u> Chief Administrative Officer's Signature		<u>2-19-14</u> Date

On 1-18-14 I saw Nurse named Heather at sick call who again told me she didn't know what was going on and she would put me in to see the doctor. On January 24, 14 I saw nurse Michele and Dr. Davis at medical doctor call-line for seizure clinic. I tried to inform Dr. Davis about my Phosfatase problem, yet Dr. Davis refused to even acknowledge the problem only wanted to address the seizure condition. I've yet as of 1-26-14 been seen by a physician or physician assistant for my Phosfatase condition nor has anyone been monitoring my condition since its diagnosis. I'm violating my constitutional right to cruel & unusual punishment and deliberately indifference to my medical needs by delaying and refusing me treatment.

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE

B408

Date: 2/10/14	Offender: (Please Print) DeAndre Crawford	ID#: M30080
Present Facility: Stateville	Facility where grievance issue occurred: Stateville	

NATURE OF GRIEVANCE:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Personal Property           | <input type="checkbox"/> Mail Handling                           | <input type="checkbox"/> Restoration of Good Time     | <input type="checkbox"/> ADA Disability Accommodation |
| <input type="checkbox"/> Staff Conduct               | <input type="checkbox"/> Dietary                                 | <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> HIPAA GRIEVANCE OFFICE       |
| <input type="checkbox"/> Transfer Denial by Facility | <input type="checkbox"/> Transfer Denial by Transfer Coordinator | <input type="checkbox"/> Other (specify):             |   |
| <input type="checkbox"/> Disciplinary Report: 1/1    |  | FEB 19 2014   |   |
| Date of Report                                       |  | Facility where issued                                 |   |

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:  
**Counselor**, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.  
**Grievance Officer**, only if the issue involves discipline at the present facility or issue not resolved by Counselor.  
**Chief Administrative Officer**, only if **EMERGENCY** grievance.  
**Administrative Review Board**, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I have not been seen for my mental illness in months. Dr. Kelly has sent me four in-house call passes to see him. The first one was for 1/14/14, 1/15/14, 1/21/14, 02/04/2014. With deliberate indifference Dr. Kelly failed to see me for those sessions although he was in B-house seeing other patients. Dr. Kelly changed the scheduling of my psych meds without even seeing me. Now I have been having adverse affects because of this. I had to fight through three mania episodes in January. I've been in a

Relief Requested:

Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

DeAndre Crawford

Offender's Signature

M30080

ID#

2/11/14

Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 1/1  
☐ Send directly to Grievance Officer  
☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response:

Print Counselor's Name

Counselor's Signature

Date of Response

RECEIVED  
MAR 12 2014  
OFFICE OF INMATE ISSUES

EMERGENCY REVIEW

Date Received: 2/19/14

Is this determined to be of an emergency nature?

- ☒ Yes; expedite emergency grievance  
☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Michael Magana

Chief Administrative Officer's Signature

2/21/14

Date

ILLINOIS DEPARTMENT OF CORRECTIONS  
OFFENDER'S GRIEVANCE (Continued)

manic state for the last two weeks. According to the  
mental health rules we are to be seen every four to  
6 weeks by our mental health doctor.

## ILLINOIS DEPARTMENT OF CORRECTIONS

# Administrative Review Board

## Return of Grievance or Correspondence

Offender: Crawford Deandrie M30080  
Last Name First Name MI ID#

Facility: Stateville

☒ Grievance: Facility Grievance # (if applicable) \_\_\_\_\_ Dated: 2/13/14 or ☐ Correspondence: Dated: \_\_\_\_\_

Received: 3/12/14 Regarding: Go Carroll 2/12/14, refused to let him  
Date

The attached grievance or correspondence is being returned for the following reasons: See Dr Kelly.

## Additional information required:

- ☒ Provide a copy of your written Offender's Grievance, DOC 0046, including the counselor's response, if applicable.
- ☒ Provide a copy of the Response to Offender's Grievance, DOC 0047, including the Grievance Officer's and Chief Administrative Officer's response, to appeal. if timely.
- ☐ Provide dates of disciplinary reports and facility where incidents occurred.
- ☐ Unable to determine nature of grievance or correspondence; submit additional specific information. Please return the attached grievance or correspondence with the additional information requested to:

Administrative Review Board  
 Office of Inmate Issues  
 1301 Concordia Court  
 Springfield, IL 62794-9277

## Misdirected:

- ☐ Contact your correctional counselor regarding this issue.
- ☐ Request restoration of Statutory Sentence Credits to Adjustment Committee. If the request is denied by the facility, utilize the offender grievance process outlined in Department Rule 504 for further consideration.
- ☐ Contact the Record Office with your request or to provide additional information.
- ☐ Personal property issues are to be reviewed at your current facility prior to review by the Administrative Review Board.
- ☐ Address concerns to: Illinois Prisoner Review Board  
 319 E. Madison St., Suite A  
 Springfield, IL 62706

## No further redress:

- ☐ Award of Supplemental Sentence Credits are discretionary administrative decisions; therefore, this issue will not be addressed further.
- ☐ Not submitted in the timeframe outlined in Department Rule 504; therefore, this issue will not be addressed further.
- ☐ This office previously addressed this issue on \_\_\_\_\_  
Date
- ☐ No justification provided for additional consideration.

Other (specify): \_\_\_\_\_

Completed by: Sarah Johnson  
Print Name

Sarah Johnson  
Signature

4/14/14  
Date

Distribution: Offender  
 Inmate Issues

Printed on Recycled Paper

DOC 0070 (Rev. 4/2013)

ARB - Crawford 000229

B408

Counselor's Response (if applicable)	
<b>Date Received:</b> /    /	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
<b>Response:</b> _____	
<div style="position: relative; height: 100px;"> <div style="position: absolute; bottom: 10px; left: 10px;">           Print Counselor's Name         </div> <div style="position: absolute; bottom: 10px; right: 10px;">           Counselor's Signature         </div> <div style="position: absolute; top: 20px; right: 20px; text-align: right;">           Date of Response         </div> </div>	

**RECEIVED**  
 MAR 12 2014  
 OFFICE OF  
 INMATE SERVICES

<b>EMERGENCY REVIEW</b>		<b>ISSUES</b>
Date Received: <u>3.4.14</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
_____ Chief Administrative Officer's Signature		_____ Date

in compliance. Ms. Carroll then walked away saying "you just refused them." Acting with deliberate indifference Mrs. Carroll told Dr. Kelly and acting Sgt. Severs that I refuse to see him. Stateville has implemented the rule that inmates are not allowed to refuse mental health passes, and are to be given a disciplinary ticket if they do. I called for the Sgt for 20 minutes. Before Severs came out onto 2 gallery to look up at me. He said, "are you covered?" I showed him that it was. He said okay I'll be let out. One hour later acting Sgt. Severs came to my cell on four gallery with Dr. Kelly. Dr. Kelly tried to force me to sign a refusal sheet. I specifically told Dr. Kelly that I did not, and was not refusing. With deliberate indifference Dr. Kelly told me that since I've already wrote a grievance on him he'll just reschedule me. I asked Severs why he didn't let me out. He said, "you know some people around here a buggs, but I have to side with her so she can save face." This shows deliberate indifference on acting Sgt. Severs part because he knowingly and willingly assisted C/O Carroll with ~~denied~~ denying me much needed mental health care. I have been putting in for a month to see Dr. Kelly because of a severe psychotic with mania. I ask to speak to the crisis team because this incident cause a downward spin in my current mental state. Both C/O Carroll and acting Sgt. Severs refused to call the crisis team.